VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTI	IFIC4	\TF	OF	DE4	ATH A

	6685		CERTIFIC	ATE OF DEAT	H		06663
PLACE OF DEATH	CECTL		MARYLAN	o. STATE	Where deceased lived. II	institution: Residence	
b. CITY OR TOWN	V (If outside corpor	rote limits, write	c. LENGTH OF STAY IN 1		If outside corporate limits	7 1 7	
RURAL and give	neorest town)			V	No.		
CONOWI		Rura I	HATES	GON OWES	160	Rural	e. IS RESIDENCE
OR INSTITUTIO	N	spiret, give alleer e	And to the state of the state o	d. SIKEET ADDRESS			ON A FARM? YES NO
3. NAME OF DECEASED		First	Middle	Last	4. DATE OF	Month	Day Yeor
(Type or print)	DAVID		ELHERT	CALDWELL.	DEATH	61	12/ 1961
S. SEX	6. COLOR OR	RACE 7. MARRI	ED NEVER MARRIED		9. AGE (YEAR IF UNDER 24 HRS
	MITTE	WIDOWE		1 4 10/ 100		rthday) Months (Doys Hours Min.
log. USUAL CEE	TION /Give kind s	Strain 1	KIND OF BUSINESS OR IN	IDUSTRY 11 BIRTHRIAGE ISW	ote or foreign country)		EN OF WHAT COUNTRY
during most of v	vorking life, even if	f retired)	KIND OF BOSINESS OK III			14.0114	EIT OF THIM COUNTRY
LABOR	<u>1</u>	ach. E	CHARLES CHARLES	VIRGIN		u.	S.A.
13. FATHER'S NAME				14. MOTHER'S MAIDER	NAME		
DANTI	CALE	AWETT		DARA	DADEC		
IS. WAS DECEASED	EVER IN U. S. ARM	ED FORCES? 16. S	SOCIAL SECURITY NO. TI	7. INFORMANT	- FARA-3	Address	
(Yes, no. or unknown)	(If yes, give wer or	dates of service)		- T-7.7.7.7.4	61		24.
NO		23	3-07-9057	Mrs William	Sheets	Conwing	
		P. S.	e for (o), (b), and (c).	0 0 1	0 0	25	ONSET AND DEATH
PART 1, I	DEATH WAS CAUSE IMMEDIATE C.	ED BY:	horris	Franchia	1 azelm	- M	Jecus
1772	-	DUE TO	101	/ \			
2631		1	10'	-			
Conditions, in gove rise to		(b)	- Co				
couse (o), stoti		DUE TO	Institute is	Con	A 40 10		
lying couse lo	st.	(c)	Jour C	Coul en	order of		
PART H. (VOIL VOIL VOIL VOIL VOIL VOIL VOIL VOIL	OTHER SIGNIFICAN	NT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TEL	RMINAL DISEASE CONDI	TION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT	WAS UNDERLYING	3 TT 20b. DESC	RIBE HOW INJURY OCCU	RRED, (Enter noture of injury	in Port I or Port II of iter	n 18.)	
OR CONTRIBUTI	WAS UNDERLYING NG CAUSE OF IFY MEDICAL EXAM	DEATH	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			•	
Z 00. THE OF H				DIAGO OF NUMBER OF A	Lagrange .	40	
20c, TIME OF IN.		While	JURY OCCURRED 20e	 PLACE OF INJURY (Home, for foctory, street, office bldg., 	orm, 20f. (City or town)	(Co	ounty) (Stote
P. I	m.	19 of work			ina A		
Ol Lametifica	Short VIX Abia be	handle Alexand	ad the december of few		10 4 hm len	V /2- 10/0	I that (I) (we) las
		V1. 0 170	ed the decembed from	1/13	30 196-1	mandamina 174	
	eased alive, an	(47)	19 4 and the	at death accurred/ats	My trank the car	uses and an the	date stated abave
220. SIGNATURE	1/15	111	214284	ATTENDING	MED CTACE		226, DATE SIGNED
	P.N	-100	work	M.D. PHYS.	MED STAFF		
22c. PHYSICIAN	5/ 17	(D) 1	f.	A 22d. ADDRESS	11.	1	
NAME (Type	" 15	· // DE	inson 1	1.1.	A Comment	100	
22- BUBIAL CREMA	TION. 23b. DATE	THEOLOG	23c. NAME OF CEMETER	V OD COEMATORY	23d. LOCATION (Cit	y tawa an assabil	16 + + - 1
23a. BURIAL, CREMA REMOVAL (Spec		THEREOF	Zac. NAME OF CEMETER	T OR GREMATORT	236. LOCATION (CIT	y, 104th, or county)	(Stote)
Burial	6/1	5/1961	CONOWING		EM. CONOW		MD.
THE THE PART DIRECT	OR'S SIGNATURE	On !	ADDRESS	25o. R	EC'D BY REGISTRAR	Sb. REGISTRAR'S SIG	NATURE
Tamon	6 711	Marl	Ve HAR	CITAL BATE	UN 1 6 '61	arthur 8 +	Team A
			KIS1	ng SUN, MU			

DAVID ELEMENT CARDUTELL 6/ 12/ 61

NATE ANTLE E #\ 76\ 788f | 95

LABOH . HHY. FIRST LILL VISCISIA BOSAL

DAVID CALDWELLS DORA FARES

No Tourings Nd. Sharts Sharts Country Nd.

Butto o/15/1901 CONCORDO BARTIST CDC. CC. 1030C

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF REATH

	EERE	CERTIFICA	AIE	OF DEAT				1186	70
I. PLACE OF DEATH	7 9 0 0		11 2.	USUAL RESIDEN	ICE (Where dec			sidence befo	re admission
	Cecil	MARYLAN	D	. STATE Wes	t Virgi	nia b. COUN	ITY		-
b. CITY OR TOWN (if	outside corporate limits,	c. LENGTH OF STAY IN		e. CITY OR TOWN			RURAL and	give nearest	town)
Perry I	give neerest town)	3 days		Snr	ingfiel	d			
		of in hospitel, give street address)	-1-	d. STREET ADDRESS		lle 4		e. 15	S RESIDENCI
Veterans Ad	lministratio	on Hospital				8	5x-	3 YES	NA FARM
J. NAME OF DECEASED	First	Middle		Last	4. DATE	Month	1	Day 1	Yeer
(Type or print)	PHILII			CHERRY	DEATH	June	е	22	19 61
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. D/	ATE OF BIRTH	9.	AGE (In years last birthday)			DER 24 HRS.
Male	White w	IDOWED DIVORCED	10	0-7-22		38 угз.	Months D	eys Hour	Min.
10a. USUAL OCCUPATION	ON (Give kind of work	106. KIND OF BUSINESS OR INDE	USTRY 1	1. BIRTHPLACE (Cou	inly & State, or f	oreign country)	12. CITIZ	EN OF WHA	T COUNTR'
Store Ope	erator	Grocery Store	4	West Vi	rginia		U	SA	
13. FATHER'S NAME			14.	MOTHER'S MAIDEN	NAME				
David	A . Cherry	v (Deceased)	1	Ellie D. :	Knox				
15. WAS DECEASED EVE	R IN U.S. ARMED FORCES	7 16. SOCIAL SECURITY NO. 1		DRMANT		Address	1		
(Yes, no, or unkown) (If	Yes, no_or unkown) (Ifyesgivewerordatesofservice)								
		use per line for (a), (b), and (c).	200]	progratou	ordby .	, 1 G.	123 10	INTERVAL	
A STATE OF THE STA		Hepatorenal syn	ndro	me				ONSET AN	
Enl	MMEDIATE CAUSE (e)	Hebatolener 91	Hui O	Me					
-001,	U DUE TO	D3 3				141 a4	ama1	36 h	TH.
Conditions, If eny,	101	Edema and cong	SECT	ou or the	i rangs	DITAL	ELST	79 1	II Do
(a), steting the un	DUIC TO	01 1.1 0 13	7.4						
cause lest.	J (c)	Cirrohis of the						unkr	
PART II. OTHER	SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	I NOT RE	LATED TO THE TERM	INAL DISEASE C	ONDITION GIV	EN IN PART	(e) 19, WA	S AUTOPSY
3								YES T	NO [
Z PART II. OTHER OF VI	S UNDERLYING 20	b. DESCRIBE HOW INJURY OCCU	JRED. (En	ter nature of injury in	Part or Part	of item 18.)			
	MEDICAL EXAMINER)								
20c. TIME OF INJUR	RY Month, Day, Year			OF INJURY (Home, far		or town)	(Coun	ly)	(State)
Hour a.m.	VA 10	While Not While	ractory,	street, affice bldg., et					
2		attended the deceased from		Tune 19	1067 10	June 23	2 106	Tracaran	YERRATER
		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							
	AC BING AR AAAA	DIE AAAAAAAAAAA	that de	ath occured and:	You have stow	tue canzez	and on m		22b. DATE
220. SIGNATURE	Ly 4		-	ATTENDING	MED.	STAFF		,	SIGNE
an allycici and	1-1/-1/-	arey	M.D.	PHYS.	DIRECTOR	PHYS.		0.	-23-6
NAME (200)	J. L. GAR	EY, Clinical Pa	tho.		AH, Per	ry Poi	at, Md	•	
23a, BURIAL, CREMATIC	ON, 236. DATE THEREON	NAME OF GENERA	HI ORG	CREMATORY		TION (City, Io			(Stete)
CPWEMATTS SH	6-43-11	4/ Fordon	ark	1	Bal	timore	, Md.		
24 FUNERAL BIRECTOR	S ADNA DATELY	DADDRESS POS	J. MA	Lu 25a. RE	C'D BY REGISTI	RAR 256. RE	GISTRAR'S SI	GNATURE	
Sharter	Tuneral Home	e Womney West	Vi	rgini#ATEU	N 2 6 '61	an	thuy 8. 4	Traces	
		A A DEPARTMENT OF PARTY AND THE PARTY.	- 1						

and in any event, within 72 hours after death. executed within Then please remove carbon papers. The law requires that the death certificate death. Page me retained by the hospital or attending physician.

IO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please remove be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any even PHYSICIAN:

TENDING TO HOSPIT

YR A15 (4) 15M 9/60

SELE. Millhatte. EMENTS. THEOL VOICE fattquot no constituteta accesses _ - '- I no del and a commit TOTAL COST DESCRIP David A . . office (headson) with . A bivat Side to series thoughted thousands this terms will, be. Neg of storbaya Janerada rail san or I wateling and in the course of him such distriction of the filter, severe: June 19 61 June 22 Claratery land, was fore farmed toy, They have county or. 21-11 CT415355 and the state of t

FOR STATE HEALTH DEPT. TO DEPUTY M. AL EXAMINER: This certificate should be executed within 24 hours after dea any delay is nechablesse execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

6687 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06671 6687

	PLACE OF DEATH					2. USUAL RESIDEN	ICE (When	deceased liv	rod, If i	nstitution: Re	sidenc	e before e	dmission)
	e. COUNTY	Cecil		MARYL	RND	. STATE Mary	land	b.	COUN	TY	Cec	il	
		outside corporate limi	ts,	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN	(II outside c	corporate fimit	s, write	RURAL and	give n	earest law	n)
	Elk	give necrest town) TON		15 Mos.		X Elk	Milla						
	d. NAME OF HOSPIT	AL OR INSTITUTION (if not in hos	pital, give street addres	s)	d. STREET ADDRESS							ESIDENCE
		Hospital										YES [NO 🔀
3.	NAME OF DECEASED	First		Middle		Last	4. DAT		Month		Day	Yee	
	(Type or print)		LIAM	A.		DAY	DEA		Jur		21	196	
5.	SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	□ ª	, DATE OF BIRTH	2,1	9. AGE (In		IF UNDER 1 Y		IF UNDER	
	Male White WIDOWED DIVORCED J				an. 21, 19	33	28	yrs.	Months D	eys	Hours	Min.	
		ON (Give kind of worl	10b. KI	ND OF BUSINESS OR I	NDUSTR	Y 11. BIRTHPLACE (State	or toreign	country)		12. CITI2	ZEN O	WHAT	OUNTRY
400	tone Qua			borer		West Vir	gini	a		1	USA		
-	FATHER'S NAME					14. MOTHER'S MAIDEN							
Finnice Day						Mamie	cud	dling	S				
15,	WAS DECEASED EVI	R IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	. 17, 1	NFORMANT		-	\ddress				
(Ye	Yes	yergive were released a	ervice)[23(5-50-2775	Mr	s. Shirley	M.	Day	Elk	Mil	Ls,	Md.	,
	18. CAUSE OF D	EATH [Enter only one	cause per li	ne for (e), (b), end (c).	1							RYAL BET	
		WAS CAUSED BY	Mass	sive intra-	abdo	ominal hemor:	rhage				ON	SET AND I	HTASC
	912.) DUE TO											
	Conditions, if any		Mass	sive lacera	tio	ns of liver							
	gave rise to Immedia	ale cause									-		
	(a), stelling the us	- NIETA		. In discount of the discount		. D 1							
	cause last.	J (e)		hing injur		and the second s							
0	PART II. OTHER	SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH	BUT NO	OT RELATED TO THE TERM	INAL DISEA	SE CONDITIO	ON GIV	EN IN PART	1(e) 1		NUTOPSY PRMED?
N.											1	-	NO -
CERTIFICATION	20a. EXTERNAL CA		Ob. DESCRI	BE HOW INJURY OCC	URED. (I	Enter nature of injury in Pe	rt I or Pert I	Il of item 18.)					
3	PRIMARY IN DE CO CAUSE OF DEATH.	NTRIBUTING [Ca	ught in ro	ck e	crusher whil	e at	work					
3	20c. TIME OF INJU	RY Month, Day, Ye			Oe. PLA	CE OF INJURY (Home, far	m. ; 20f. ((Coun	ty)		(Stele)
MEDICAL	7 - 3() Hour e.m.	6/21,6	1 While	Not While	faci	tory, street, office bldg., etc	E. E.	lk Mil	ls	Ce	cil		Md.
2	21 I cartify th	17			ve. he	old an Autopsy X	Inspecti	on \square	Inquir	v 🗖.	and	in my o	pinion
	death resulted f			Accident 🔼		ide , Homicide		Undetermin					
	000111 10301100 1	11	7			CHIEF MEDICAL	beaut.						
	ACTUAL	1.15	Y 12	L'I									a market da.
	SIGNATURE	WU				M.D. ASSISTANT MEI					D	ATE SIG	RED
- 3	EXAMINER'S NAME (Type)	W.	Bradle	sy King, Jr	•, 1	M.D. DEPUTY MEDICA					6/	21/61	L
228	BURIAL, CREMATIO		OF	22c. NAME OF CEME	TERY OF	R CREMATORY	22d. LO	CATION (Cin	, lown,	or country)		(Stel	•)
B	urial (Specify)	June 25.	1961	Nuttall	Cen	netery	Edmo	nd, W	<i>lest</i>	: Vir	gir	iia	
23	. FUNERAL DIRECTO	R	^	ADDRESS				ISTRAR 241					
PI	PPIN FUN	ERAL HOME	Dona	Un De El	ktc	n, Md. DATE JI	JN 23	'61	Ch	thus S.	The	*	

VS. AISME 5M 9/60

STEPPORED TO THE STANDARD OF COLD who was the same of the same o the same free land to the 4

FOR STATE HEALTH DEPT TO DEPUTY M. AL EXABINER: This certificate should be executed within 24 hours after department of any delay is recessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 is the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of The Ith, or its designated agent, prior to burial, cremation, or removal, and in any eyent within 72 hours after death.

TO DEPUTY M

VS. AISME 5M 7/59

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MARYLAND STATE DEPARTMENT OF HEALTH

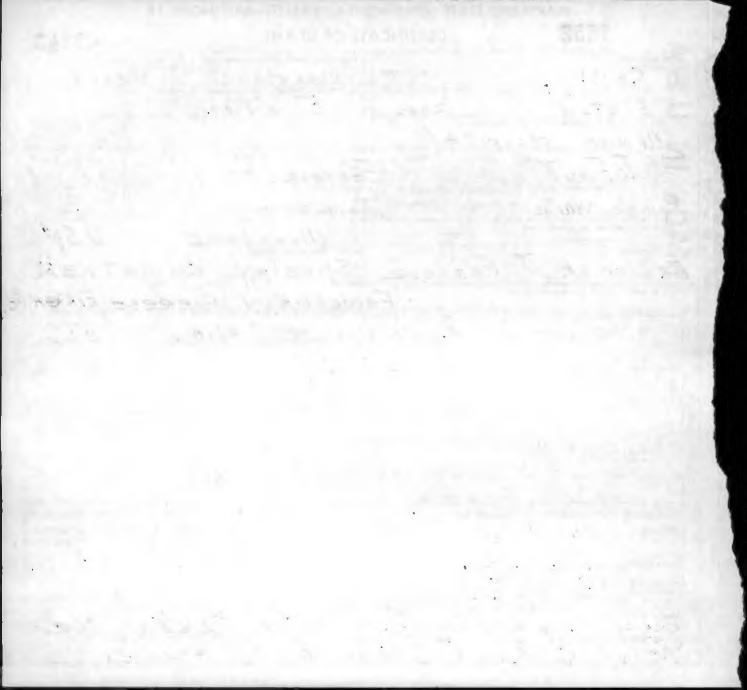
Divisio	on of STATIS	STICAL RESEAR	CH AND RECORDS,	301 W. PRESTON S	STREET,	BALTIMORE	1, MARYLAND
2.3	6688	MEDICAL	EXAMINER'S	CERTIFICATE	OF I	DEATH	0667

	000						UUURE
I. PLACE OF DEAT					ICE (Where deceased lived, I		sidanca before admission
eci1			MARYLAND	a. STATE	b. cou	470	ci1
b. CITY OR TOWN	(if outside corporate limit	s, c. LE	NGTH OF STAY IN 16		(If outside corporate limits, wri		
	d giva naerast town)		2014	V			
	h Bast	not in hospital of	ive street address)	d. STREET ADDRESS	North East		a. IS RESIDENCE
a, revoce of froot	inc on monitorion (not in hospitall a	1/	1			ON A FARM?
			V				YES NO
NAME OF DECEASED	First		Middle	Last	4. DATE Mon	th	Day Yaar
(Type or print)	Ambroca		B. Drei	man	DEATH JUI	ne 18	8 19 61
. SEX	6. COLOR OR RACE	7. MARRIED T	VEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year	IF UNDER 1 Y	
		WIDOWED	DIVORCED 🗍		last birthday)	Months De	lys Hours Min.
Ma I	ION (Giva kind or work		BUSINESS OR INDUS	Tan 3 188	6 75 Yrs.	1 12 CITIZ	EN OF WHAT COUNTRY
one during most of we	orking life, evan if retired		DOSINESS ON INDOS	The Divitive Lance (State	or localdin codimals	Val. Salita	EN OF WHAT COUNTRY
Clerk	Retired	Gara	ge	Penna		U	SA
FATHER'S NAME				14. MOTHER'S MAIDEN	NAME		
	Walker Dren	nen		Bliza	beth Gregg		
	ER IN U.S. ARMED FOR		L SECURITY NO. 17.	INFORMANT	Addras	15	-
no, or unkown)	lfyas giva war or datas of se	ervica)	M	rs Emma T.Dre	nnen North	Bast.	Mary Land
	DEATH Enter only one	cause par lina for		to Dinite 1 101.6	IBICH 1402 CH	20000	INTERVAL BETWEEN
	H WAS CAUSED BY:		(-), (-), -, (-),				ONSET AND DEATH
4 - 1	IMMEDIATE CAUSE (a)_		Coronary O	clusion			10 min
420	DUE TO						
Conditions, if an	y, which) (b)	A:	rterior Sci	lerosious			10 yrs
gave rise to immed	TO THE TIME						
(a), stating the u	inderfying (c)	The case					
		IONS CONTRIBUT	ING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CONDITION GI	VEN IN PART 1	(a) 19. WAS AUTOPSY
PART II. OTHE		A STATE OF THE STA					PERFORMED?
		~-166°		And the second s			YES NO Y
PRIMARY Or CO	ONTRIBUTING	b. DESCRIBE HO	W INJURY OCCURED.	(Enter natura of Injury in Pa	rt I of Part II of itam 18.)		
20c. TIME OF INJI	JRY Month, Day, Yes		,	ACE OF INJURY (Homa, far		(Count	y) (Steta)
Hour a.m.	10		ot While	ciory, silver, office bregg, on	**/		
0.77	17						and in my opinion
	hat I took charge o	f the marhine	lescribed shove. I	eld an Autonsy	Inspection L. Indu	FV	
21. I certify t	hat I took charge o				Inspection . Inqui	1 1927	one in my opinion
21. I certify t	hat I took charge of			cide, Homicide	, Undetermined	1 1927	one in my opymon
21. I certify to death resulted					, Undetermined	1 1927	one in my opinion
21. I certify t				cide . Homicide	, Undetermined	1 1927	DATE SIGNED
21. I certify to death resulted				cide . Homicide CHIEF MEDICAL ASSISTANT MEI	Undetermined	1 1927	
21. I certify to death resulted		COLL		CHIEF MEDICAL ASSISTANT MEI DEPUTY MEDICAL	Undetermined I	1 1927	
21. I certify to death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Typs) 20. BURIAL, CREMATIC	R.C.DOds	on M.D.		CHIEF MEDICAL ASSISTANT MEI DEPUTY MEDICAL Address (Street,	Undetermined I	manner [
21. I certify to death resulted ACTUAL EIGNATURE EKAMINER'S NAME (Type) 22. SURIAL, CREMATIC REMOVAL (Specify	R.C.DOds	on M.D.	NAME OF CEMETERY	CIDE CHIEF MEDICAL ASSISTANT MEI DEPUTY MEDICAL Address (Street, OR CREMATORY	EXAMINER DICAL EXAMINER AL EXAMINER String, town, or county) 22d. LOCATION (City, town)	nanner	DATE SIGNED
21. I certify to death resulted ACTUAL EIGNATURE EXAMINER'S NAME (Type) 22. SURIAL, CREMATIC REMOVAL (Specify Parial	R.C.Dods No. 22b. Date Thereo June 21	on M.D. 22c. 1	North East	CIDE OF CHIEF MEDICAL ASSISTANT MEI DEPUTY MEDICA Address (Street, OR CREMATORY Methodist	Undetermined I EXAMINER DICAL EXAMINER LEXAMINER City, town, or county) 22d. LOCATION (City, tow North Bast,	n, or country)	DATE SIGNED (Stela)
21. I certify to death resulted ACTUAL EIGNATURE EXAMINER'S NAME (Typs) 22. BURIAL, CREMATIC REMOVAL (Specify Dirial) 23. FU TAZORECTO	R.C.Dods No. 22b. Date Thereo June 21	on M.D. 22c. 1961	NAME OF CEMETERY	CIDE OF CHIEF MEDICAL ASSISTANT MEI DEPUTY MEDICA Address (Street, OR CREMATORY Methodist 24a. RE	Undetermined I EXAMINER DICAL EXAMINER CITY, Iown, or county) 22d, LOCATION (City, Iow North Bast, CID BY REGISTRAR 246, REG	nanner	DATE SIGNED (Stela) O g Md NATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter demay be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fune page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be registrar prior to burial, crematian, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7852 **CERTIFICATE OF DEATH** Reg. Dist. No. 7842 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) KION d. NAME OF HOSPITAL (If not in haspital. give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF Middle 4. DATE Lost Manth Day Year DECEASED (Type or print) DEATH 1961 RRESC 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Haurs WIDOWED | DIVORCED [10o. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of warking life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN MAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Canditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Haur a. m. While Not while at work of wark 21. I certify that I attended the deceased fram, 1922, that I last saw the deceased and that death accurred at A. M., from the causes and on the date stated above. alive an ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF MAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, ar county) (State) REMOVAL (Specify) **FUNERAL DIRECTOR'S SIGNATURE** 24b. REGISTRAR'S SIGNATURE 26. REC'D BY REGISTRAR



MARYLAND STATE DEPARTMENT OF HEALTH STREET. BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH Item 8 Film G290 /2_ EISURE RESEDENCE (Where decessed lived, If institution, Residence before edmission) I. PLACE OF DEATH I director, Page or your files. oard of Health, a. COUNTY e. STATE b. COUNTY Cecil MARYLAND b, CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give necrost lown) for your Elkton North East RaDal DaO-A Board d, NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? and 3 to the funeral be retained fith the State Ba YES NO Union Hospital 3. NAME OF Middle 4. DATE DECEASED DEATH (Type or print) 19. Curtic Gambi L 2 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR ! IF UNDER 24 HRS. Give Pages 1, 2, and 3 orm PM3. Page 5 may File pages 1 and 2 will wont within 72 hours. last birthday) Months Deys WIDOWED [certificate should be executed within 24 hours after IOs. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stere or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Parms 19 Hilton N.C. U-S-A 13. FATHER'S NAME John William Bambill Martha Deany form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no, or unkown) [(Ifyes give war or detes of service) 213-38-8780 Amanda Breeks Gambill. North East. INTERVAL BETWEEN 18. CAUSE OF DEATH linter only one cause per line for fel. (b), and (c).) Office along burial-transit ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Laceration of throat both juglarveins and IMMEDIATE CAUSE (a) DUE TO carotids arteries and laryax anteriorly gave rise to Immediate cause Examiner's **DUE TO** (e), steting the underlying 60 pesn PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY CERTIFICATION PERFORMED? PRIMARY OF DEATH.

200. EXTERNAL CAUSE WAS PRIMARY OF DEATH OF DESCRIBE HOW INJURY OF DEATH. TO PORT II of item 18.]

CAUSE OF DEATH. 8 NO Medical plnous Chief , age 3 s the Chie B: Page 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED., 20e, PLACE OF INJURY (Home, form, 1 20f. (City or lown) (County) (Stete) factory, street, office bldg., etc.) 2 Not While al work 🗫 et work should be forwarded to the Fruitzale, should be forwarded to the Fruitzale DIRECTOR: 21. I certify that I look charge of the remains described above, held an Autopsy (Inquiry and in my opinion designated agent, Suicide Homicida Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 24 EXAMINER'S NAME (Type) C Dodson 22d. LOCATION (City, lown, or country) BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Conowi 4 D 9 Concw 246. REC'D BY REGISTRAR | 24b. RECHÉTRAR'S SIGNATURE

Circher S. Kraus

VS. AISME

100 . " 30 A to J. -1-4 Environt in the item of Date Dra not a the 37 Ic " 10 begge

ARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if astitution: Residence before edmission) e. COUNTY b. COUNTY Harford Cecil Marvland MARYLAND by the b. CfTY OR TOWN (if autside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give meetest town) write RURAL and give negrest town! Perry Point Street 27 davs .= -d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) B. IS RESIDENCE A STREET ADDRESS ON A FARM? 2, Box 106 YES NO Veterans Administration Hospital NAME OF 4. DATE Year DECEASED OF (Type or print) JESSE DEATH 19 61 KITTS June 6. COLOR OR RACE 7. MARRIED C NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH lest birthdey) Months | Deys Hours Male White 6-20-87 WIDOWED [DIVORCED T please rem 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retited) Farmer USA (retired) Farming Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2. Harvey John Kitts (deceased) Sarah Williams deceased Then p 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyes give wer or detes of service) Yes Hospital Records, VAH, Perry Point, Md. 229-05-8281 WW-I 18. CAUSE OF DEATH [Finter only one cause per line for (e), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Adenocarcinoma of stomach unknown IMMEDIATE CAUSE (a) DUE TO Metastasis to the liver with massive unknown destruction of liver parenchyma paye rise to immediate cause (e), stering the underlying the his PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*) 19. WAS AUTOPSY PERFORMED? 8 0 NO F 200, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) _ (County) 20c. TIME OF INJURY 2Dd. INILIRY OCCURRED 20e, PLACE OF INJURY (Home, farm, 2Df. (City or town) (Stete) Month, Day, Year factory, street, office bldg., etc.) Not While Hour e.m. at work et work TOR: d be de sown becomes set after the causes and on the date stated above. 22b. DATE 22a. SIGNATURE ATTENDING STAFF 6-2-61 PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Asst Clinical Pathologist, V. A. Hospital, Perry Point, A. L. MOONEY.

death. Page 4
To FuneRAL L
director, page 3
be filed with VR A15 (4) 15m H/60

filled

elely

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signed

peen

has

certifical

Home Funeral

23e, BURIAL, CREMATION 1 23b. DATE THEREOF

REMOVAL (Specify)

Abingdon, Md.

23c NAME OF CEMETERY OR CREMATORY

Belair Memorial Gardens

250, REC'D BY REGISTRAR 1256, REGISTRAR'S SIGNATURE

23d. LOCATION (City, town or county)

Belair, Maryland

Orthur & Kraus

towork 10

6 6 v

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		10	6692		CERTIFICA	ATE OF DE	AIH"	R	eg. Dist. No.	0010
_ [). P	LACE OF DEATH COUNTY			MARYLAND	a. STATE	CE (Where deceased	b. COUNTY		lmiss an)
A			<u> </u>				1d.		Cec11	
$^{\prime 1}/ $	b	RURAL and give	(If outside carporate lim nearest tawn)	its, write c. LENC	OTH OF STAY IN 16		N (If outside carpord	ite limits, write RURA	VL and give nearest	fawn)
			kton	1 1	+ yrs.		1 R. D.			
	C	OR INSTITUTION	TAL (If not in hospitor, of Hospital	give street address)		d. STREET ADDR	RESS	1	0	RESIDEN N A FARI
	3. N	IAME OF	Fi	rst	Middle	lost	4. DATE	Manth	Day	Year
		ECEASED Type or print)	ROBERT	KEMI	P MAC N	EAL	OF DEATH	June	26.	19
1	5 S	EX	6. COLOR OR RACE	7. MARRIED TO	EVER MARRIED	B DATE OF BIRTH	5		UNDER 1 YEAR IF L	
		Male	White	WIDOWED [DIVORCED	Dec. 31.	1876	fast birthday) M	ianths Days Ha	urs A
-	10a.	USUAL OCCUPAT	TON (Give kind of work	dane 10b, KIND OF	BUSINESS OR INDU				12 CITIZEN OF WH	AT COUN
		Retired	erking life, even if retired)	ales	Cherr	****		U.S.A.	
-	13 /	ATHER'S NAME	<u> </u>	١٠٠	ares	14. MOTHER'S MA		Pide	U.U.R.	
(F)		George	W. Mac N	leal		Tndi	lana Loga	an a		
(T)	S. 1		ER IN U. S. ARMED FOR		SECURITY NO. T	NFORMANT	tand Hoge	Address		
\mathcal{I}	Yes,	no, or unknown)	(If yes, give war or dates of s	service)			an A Ma	_	ונה מים	
F	_	no no cause of n	EATH [Enter only one or			cs. Carme	HI_A Ma.	Neal,	R.D. ETA	cton
			ATH WAS CAUSED BY: IMMEDIATE CAUSE (c		(b), and (c)	(10)	E		ONSET	MD DEA
	- 1	(4 5		1 1 6 6 7	To 1441	LON ARLY	-DEH	A		001
		7 '	DUE TO	A		- 11-1		0		
		Canditions, if gave rise to	immediate	-CONC	5ES7 / V	- HEAR	T TALL.	121=	OA	47
		cause (a), statin	g the <u>under-</u> DUE TO	1		12000	X)	121		
	z	lying cause las	_ ,	- COKO	NARY	126711		17710	C42	AA TI
	CATION	PARTIF	THER SIGNIFICANT CON	IDITIONS CONTRIBE	JING TO DEATH BUT	NOT KELATED TO THE	E LEKWINAL D SEASE	ECHDITION GIVEN		AS AUTO
			ANCEROL	DRO	S/AT /=			101	VES	No
	CERT	OR CONTRIBUTION	VÁS UNDERLYING I	206 OF SCRIBE HO	M INJURY OCCURRE	D. (Enter nature of inj	ery in Part I ar Part	If of item 16)		
			Y MEDICAL EXAMINER)	<u> </u>						
	MEDICAL	20c TIME OF INJU Haur a m		ar (20d INJURY O) (White Nat	CCURRED 20e PL t while fa	ACE OF INJURY (Ham ctary, street, affice bld	e, farm, 20f. (City of	or tawn)	(Caunty)	(
	¥.	p. m	19	at wark 🔲 at s	wark 🔲					
		21. I certify	that I attended the	deceased from	n Dea	, 19 <i>5</i> 32, 1	0.6/26	, 19 <u>6</u> /,the	at I last saw th	e dece
		alive an	6/95	, 12.6/	and that death	accurred at 214	M, from t	he causes and o	an the date sta	sted ab
34	- 1		(7)	0.1			ADDRESS (Stre	et, city or tawn, stat	le)	DATE SI
71		ACTUAL SIGNATURE	165			M.D	F-LUITAR	r Md	6	19 P.L
4		PHYSICIAN'S	0	mucy .		,	= -27 070	7 6	7	-9/ 0
		NAME (Type)	PETER	STAVEA	KIR	me disability the state of the seconds are		and also allowing was suit one also also also also since and also		
[3	22a	BUR AL CREMAT		DF 22c. N/	AME OF CEMETERY C	R CREMATORY	22d. LOCATI	ON (City, town, ar c	county) ((State)
	F	REMOVAL (Specif	" 6-28-	61 Thi	temarsh 1	dem. Pk.	White	emarsh,	Penna.	
1		UNERAL DIRECTO			DRESS		. REC'D BY REGISTR		AR'S SIGNATURE	
	P]	PPIN FO	JNERAL HOM	E Lald	h Dee !	Elkton, d	fel . um 2 o	10.4		
E	-							ol a	Allen 8 H	-



Rea. Dist. No

FUNDER 1 YEAR IF UNDER 24 HRS

Days

IS RESIDENCE

ON A FARM?

YES 🔛 NO 🗀

Year

1961

Cecil

Months

12. CITIZEN OF WHAT COUNTRY? U.S.A. Address Cecilton.Md: INTERVAL BETWEEN ONSET AND DEATH 12 hours PERFORMED? YES NO 📆 (County) (State) 1961 that I last saw the deceased June 9 and that death accurred at 5:00 AM, from the causes and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNED 6.10.61 Cecilton Md. 22d. LOCATION (City, town, ar county) 22c NAME OF CEMETERY OR CREMATORY (State) Cecilton, Cecil Co; Md. 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATELIN 1 3 '61

b. COUNTY

Manth

June

yrs

9. AGE (In years

last birthday)

may be retained to FUNERAL DIRECTO page 3 shauld be de the registrar prior to VS A1S (4) 15M 975B

alive an 9 June

220. BURIAL CREMATION.

REMOYAL (Specify)

FUNERAL DIRECTOR'S SIGNATURE

NAME (Type) Welles Chenshain, M.D. 22b. DATE THEREOF

June, 11, 1961

Cecilton Cemetery

ADDRESS

ACTUAL SIGNATUR PHYSICIAN'S

Burial



HEALTH DEPT. TO DEPUTY No. 12 AMINER. This certificate should be executed within 24 hours after de any delay is necessary, please execute that C. Aircate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the tuneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Pages 1 and 2 with the State Board O Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

6694 MEDICAL EX	CAMINER'S CERTI	FICATE OF DE	ATH	16678
1. PLACE OF DEATH	2. USUA	RESIDENCE (Where daces	sed lived, If Institution: Resider	nce before edm ssion
*. COUNTY Cecil	MARYLAND 6. STAT	EMd.	b. COUNTY Cecil	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	NGTH OF STAY IN 16 c. CITY	OR TOWN (If putside corporet	e limits, write RURAL and give	neerest lown)
Elkton	several years	Elicton		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g	ve street address) d. STRE	ET ADDRESS		. IS RESIDENCE
Union Hospital	21	5 Meadow View,		ON A FARM?
3. NAME OF First	Middle MC Clay	4 NN 4. DATE	Month Day	Year
(Type or print) JOSEPH	F. Macket	DEATH OF	6 25	19 61
5. SEX 6. COLOR OR RACE 7. MARRIED 1	IEVER MARRIED B. DATE OF BI	11.1	GE (In years IF UNDER I YEAR	IF UNDER 24 HRS.
WIDOWED	DIVORCED - 9-10-9	7	Months Days	Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	BUSINESS OR INDUSTRY 11. BIRTHI	PLACE (State or foreign country		OF WHAT COUNTRY
Manager of Laundry Laund	ry P	a.	U.S.	de
13. FATHER'S NAME	14. MOTHE	R'S MAIDEN NAME	· · · · · · · · · · · · · · · · · · ·	
FRANCIS MCCA	NN	Kramer		
	SECURITY NO. 17. INPORMAN		Address	
Yes, no, or unknwn) (Ifyesgivawerordetesofservice)	7-9/72 Wrs Jose	oh F. McCann,	215 Meadow Vet	Lew Md.
AS. CAUSE OF DEATH (Enter only one cause per line for		· · · · · · · · · · · · · · · · · · ·	L Jiki	TERVAL BETWEEN
PART I DEATH WAS CALISED BY.		Ondere of Time	Ot	NSET AND DEATH
1100	ry Ocelusion and	CACCERS AT PATE		
SYZO- DUE TO				
Conditions, if any, which (b)		<u> </u>		
(e), stelling the underlying DUE TO				
ceuse lest, (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	NG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(8)	19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT 20b. EXTERNAL CAUSE WAS 20b. DESCRIBE HOT PRIMARY 0 of CONTRIBUTING 0 CAUSE OF DEATH.				YES NO
200. EXTERNAL CAUSE WAS 200. DESCRIBE HO	W INJURY OCCURED. (Enter nature of	Injury in Part I or Part II of Itan	18.)	
PRIMARY OF CONTRIBUTING CONTRIB				
20c. TIME OF INJURY Month, Day, Year 20d. INJURY While No. m. 19 et work 19			lown) (County)	(Stete)
Hour e.m. While No	of While fectory, street, offi	ce bldg., etc.)		
21. I certify that I took charge of the remains of		psy Inspection 😓	Inquiry . and	in my opinion
				in sity opinion
Geath resulted from Wardraf Lauses . Ac			ermined manner	
ACTUAL A A A	11/1/20	F MEDICAL EXAMINER	_	
SIGNATURE	CU/CU M.D. ASS	ISTANT MEDICAL EXAMINER		DATE SIGNED
EXAMINER'S NAME (Type) R.G. Dodson M.D.	, DEM	ress (Street, city, town, or coun	6-2	5061
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. 1	IAME OF CEMETERY OR CREMATORY		(City, town, or country)	(Siete)
BURIAL JUNE 28, 1961 G.	DACKIALLY M	EM. PARK, F.	KONHUDYT I	DEL
150 (1)	RACELAWN M	EM. KARK, F.	ARM HURST U	

DATHIN 2 7 '61

Called & Klasse

VS. A15ME 5M 9/60

PIPPINFUNERAL HOME Dowloth Den

r . J 20 1 -5 16 I = '-

HEALTH DEPT.

removal, and in v

its designated agent, prior to

6695

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OFETO MEDICAL EXAMINER'S CERTIFICATE OF DEATH

_				00063				
1.	PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Whe	re deceased I ved, if institution b. COUNTY	oni Residence before aidmission				
	Cecil MARYLAND	Virgini	a	V				
	b. CITY OR TOWN (if outside corporete limits, c LENGTH OF STAY IN 1b write RURAL and give neerest town)	c. CITY OR TOWN (If outside	corporate limits, write RURAL	and give neerest town)				
	Perry Point 6yrs.3mo.20days d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress)	Alexand d. STREET ADDRESS	ria	IS RESIDENCE				
	Veterans Administration Hospital	5 Leadb	etter	YES NO				
3	NAME OF First Middle DECEASED	Last 4. DA		Dey Year				
	(Type or print) HOMER L.		ATH June	1 1961				
5.	S. WALKED INFLET WALKED	DATE OF BIRTH	9. AGE (In years IF UND					
	Male White WIDOWED DIVORCED	10-19-24	36 yrs. Month	s Days Hours Mn.				
	10s. USUAL OCCUPATION [Give kind of work done during most of working life, even if refired] 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if refired)							
	Student	Firginia	1	USA				
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	Carl O. Mc Inturff	Bessie Tyndal	1					
	. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II as, no, or unknown) (Ifyesgivewerordetesofservice)	NFORMANT	Address					
	Yes WW-II 224-22-1869 He 18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)	spital_Records	, VAH, Perry	INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY: 1. Pneumonitis, bil	ateral, severe.	with	60 hours				
		pneumonia.	- Co wall degree					
	Conditions, I say, which \ (b) 2. Grand mal and pe		√ .	Unknown				
	gove rise to immediate couse (a), stelling the underlying DUE TO							
	cause lest.			ļ				
ATION	PART I. OTHER SIGNIF. CANT CONDITIONS CONTRIBLTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN P	ART I:e) 19. WAS AUTOPS! PERFORMED? YES NO				
CERTIFICATION	2Da. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	nier neture of injury in Part I or Peri	Il of item IB.)					
CAL		CF OF INJURY (Home, farm, 20f.	(Cily or lown) (County) (State)				
WEDI	Hour a.m. While facts p.m. 19 at work at work	ory, street, office bldg., etc.)						
	21. I certify that I took charge of the remains described above, he	d an Autopsy X, Inspect	tion 🔀 , Inquiry 🔀	and in my opinion				
	death resulted from Natural causes X. Accident . Suici		Undetermined manner	\rightarrow				
	I A O CO a cla con	CHIEF MEDICAL EXAMINE	R T					
	ACTUAL / LUCTURUM,	ASSISTANT MEDICAL EXA	AMINER [DATE SIGNED				
	EXAMINER'S D C DODGOV	DEPUTY MEDICAL EXAMIN	HER 🛣	6-2-61				
	NAME (Type) R. C. DODDON	Address (Street, c'ty, town	n, or county) Rising	Sun, Md.				
22	8. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. TO	OCATION (City, town, or cou	ntry) (State)				
	Burial June 5,1961 Ivy Hill		exandria, Vi					
23	Cunningham Funeral Home, Alexandr	E 4 4 4 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	GISTRAR 245. REGISTRAR	S SIGNATURE				
	Cunningham Funeral Home, Alexandr	18, VA. DATE	Collin	1 1. Marile				

TO DEPUTY M. EXAMINER: This certificate should be executed within 24 hours after dependent of the funeral director. Page as execute the certificate, writing the word "pending" in pendi in Item 18. Cir. Praces 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examinar's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit, file pages 1 and 2 with the State Board of Haath, or its designated agent, prior to buriel, cremation, or removal, and in any every within 72 hours after death. VS. AISME 5M 7/59



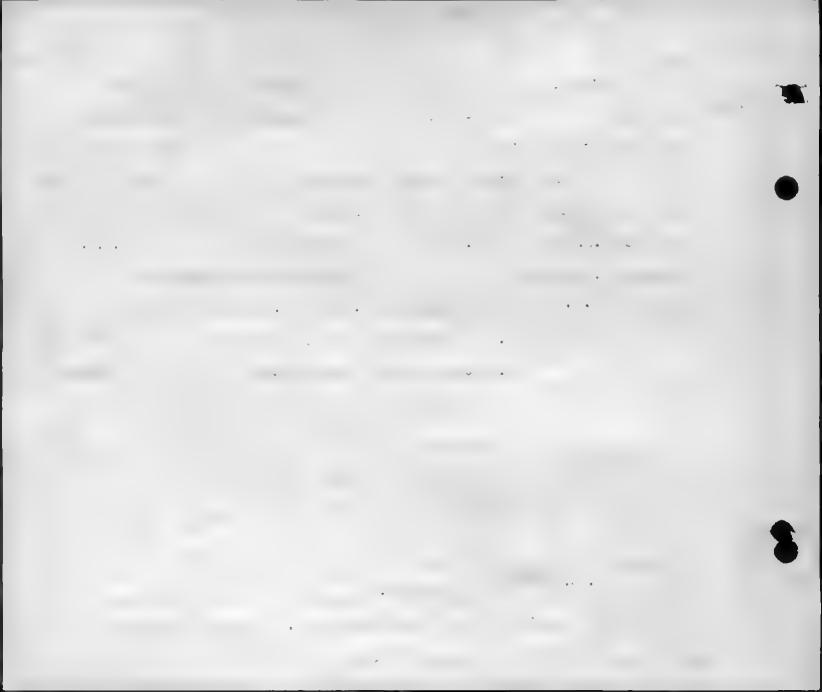
FOR STATE

TO DEPUTY M. EXAMINER: This certificate should be executed within 24 hours after decording is necessary, please execute the cardicate, writing the word "pending" in pendi in Item 18, Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the State Braid of Pendith, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

	MARYLAND STATE DEPARTMENT OF HEALTH	
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	RYLAND
	6698 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	6680
1,	PLACE OF DEATH TUSUAL RESIDENCE (Where decessed lived, I' institution: Residence of COUNTY	dence before admission)
	Cecil Maryland 6, STATE Maryland Cecil	í
-	b. CITY OR TOWN (if outside corporete limits, c LENGTH OF STAY IN 1b CITY OR TOWN (if outside corporete limits, write RURAL end g	ve neerest town)
1:	Bainbridge Bainbridge Neval/Training Cer	ie n ter ()
	d. NAME OF HOSPITAL OR INSTITUTION III portin pospital give street address d STREET ADDRESS	e, IS RESIDENCE
	Bainbridge Training Station 138 West Lincoln ave.	ON A FARM? YES NO X
	. NAME OF First Middle Last 4. DATE Month D	ey Year
	(Type or pr nf) Rx George William McKnight DEATH June 19	1961
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YE/	
Н	Male White WIDOWED DIVORCED 10/19/18 lest birthdey) Months Day	s Hours M'n,
	Do. USUAL OCCUPATION (Give kind of work and of work long most of working life, even if refired) 10b. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (State or foreign country) 12. CITIZEN	OF WHAT COUNTRY?
		5.A.
	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	Franklin B. McKnight Regina Hollister Hachtmann	
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yas, no, or unknown) [(If yes give were relates of service)	
	Yes W.W. 2 355 07 5396 Mrs. George M. McKnight, California	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a) L. INTERCTION. MYOCARGIAL. ACUTE.	
	/Al. / DUE TO	30-45 min.
	120.1 DUETO	
	Conditions, if any, which (b) 2. Arteriosclerotic heart disease.	30-45 min.
	Conditions, if any, which appearing the lammediate cause (b) 2. Arteriosclerotic heart disease.	30-45 min.
NO	Conditions, if eny, which gave rise to immediate cause [a], stating the underlying cause lest. DUE TO (c)	Jnknown 19. WAS ALTOPSY
SATION	Conditions, if eny, which gave rise to immediate cause [a], stating the underlying cause lest. DUE TO (c)	Jnknova
THECATION	Conditions, if eny, which gave rise to immediate cause [a], stating the underlying cause lest. DUE TO (c)	Jnknown 19. WAS ALTOPSY PERFORMED?
CERTIFICATION	Conditions, if any, which gave rise to immediate cause [a], stating the underlying cause leaf. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART VA. 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING TO DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Jiem 18.) PRIMARY or CONTRIBUTING CAUSE OF DEATH.	Jnknown 19. WAS ALTOPSY PERFORMED?
	Conditions, if any, which gave rise to immediate cause [a], stating the underlying cause leaf. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART VA. 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING TO DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Jiem 18.) PRIMARY or CONTRIBUTING CAUSE OF DEATH.	Johnown 19. WAS ALTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	Conditions, if any, which gave rise to immediate cause [a], stating the underlying cause leaf. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART VA. 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING TO DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Jiem 18.) PRIMARY or CONTRIBUTING CAUSE OF DEATH.	Johnown 19. WAS ALTOPSY PERFORMED? YES NO
	DUE TO Conditions, if eny, which gave rise to immediate cause [a], stating the underlying [c] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART LE 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING TO DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of Jiem 18.) PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year While Not While Not While at work at work fectory, street, office bidg., atc.)	Johnown 19. WAS ALTOPSY PERFORMED? YES NO
	DUE TO Conditions, if eny, which gave rise to immediate cause [a], stating the underlying [c] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART VE 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING TO DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year While Not While Not While at work at work feechery, street, office bidg., atc.)	Johnson 19. WAS ALTOPSY PERFORMED? YES NO [
	DUE TO Conditions, if eny, which gave rise to immediate cause [a], stating the underlying [c] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART LE 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING TO DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of Item 18.) PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED 20a. PLACE OF INJURY (Home, farm, factory, street, office bidg., atc.) While Not While at work at work Industry in Part I or Death II of Item 18.) 21 I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. Inquiry X. a	Johnson 19. WAS ALTOPSY PERFORMED? YES NO [
	DUE TO Conditions, if eny, which gave rise to immediate cause [a], stating the underlying [c] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART VE 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, factory, street, office bldg., atc.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART VE CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, factory, street, office bldg., atc.) PRIMARY at the property of the remains described above, held an Autopsy XI. Inspection XI. Inquiry XI. at death resulted from Natural causes XI. Accident II. Suicide III. Homicide III. Undetermined manner III. CHIEF MEDICAL EXAMINER III. ASSISTANT MEDICAL EXAMINER III.	Johnson 19. WAS ALTOPSY PERFORMED? YES NO [
	Conditions, if any, which gave rise to Immediate cause [a], stating the underlying [c] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Value of Contributing of Contributing of Contributing [a] 206. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING [a] CAUSE OF DEATH. 206. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, Farm, 20f. (City or town) fectory, street, office bidge, atc.) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING [a] 20a. PLACE OF INJURY (Homa, Farm, 20f. (City or town) fectory, street, office bidge, atc.) 21 I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. Inquiry X. a. death resulted from Natural causes X. Accident Signature Bactual Signature R. C. DOTSON DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER X.	Johnson Joh
MEDICAL	Conditions, if eny, which geve rise to Immediate cause [a], stating the underlying [c] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART LESS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 206. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, fectory, street, office bldg., atc.) 207. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, fectory, street, office bldg., atc.) 21 I certify that I took charge of the remains described above, held an Autopsy XJ. Inspection XJ. Inquiry KJ. at death resulted from Natural causes XJ. Accident Signature EXAMINER'S R. C. DODSON RISING Sun, Md. Address (Street, city, town, or county)	Johnson Joh
MEDICAL	Conditions, if eny, which geve rise to Immediate cause [a], stating the underlying cause last. DUE TO	Johnson Joh
WEDICAL	DUE TO Conditions, if eny, which gover rise to Immediate cause [a], stating the underlying cause lest. DUE TO Cause lest. 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part II of Item 18.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I/e 20c. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED 20a. PLACE OF INJURY (Home, farm, fectory, street, office bidg., atc.) While Not While of work at work DEPUTY MEDICAL EXAMINER ACTUAL SIGNATURE C. DODSON RISING Sun, Md. Address (Street, city, town, or country) 22d. LOCATION (City, t	Johnson 19. WAS ACTOPSY PERFORMED? YES NO [] (State) Adding my opinion DATE SIGNED 6/19/61 (State)

Perryville, Mi.



FOR STATE

TO DEPUTY I. EXAMINER: This certificate should be executed within 24 hours after decorated within 24 hours after decorated within 24 hours after decorated within special in Item 18. Give Pages 1, 2, and 3 to the tuneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Haaith, or list designated agent, prior to burial, cremation, or removal, and in any event within 72 hours query. **

Λ 6.c

YS. AISME 5M 9/60

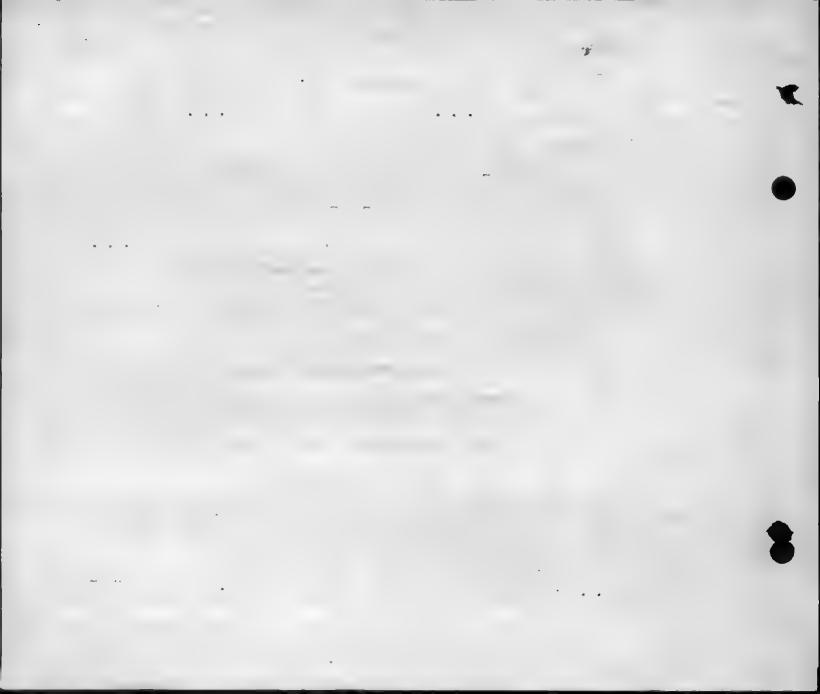
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 6697 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06681

1	PLACE OF DEAT	TH		2. USUAL RESIDE	NICE (When does	and three of treets			
	a. COUNTY _	cil		a. STATE	TACE (IN DOLL GOOD	b. COUNTY		CD Detors a	umissioni
H		(if outside corporate limits,	MARYLAND	Md.		Cecil			
	write RURAL on	nd give nearest town)	c. LENGTH OF STAY IN 16	c. City OR TOWN	l (it outside corpor	ete ilmits, write RUR	AL and give	neerest low	n)
_		ake City R.D.	20 yrs	/ Che sape	ake City	m.R.D.			
	d. NAME OF HOSE	PITAL OR INSTITUTION (if not i	n hospital, give street address)	d. STREET ADDRES	S				SIDENCE A FARM?
								YES TY	
3.	NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day	Yeer	
	(Type or print)	Sallie	Elizabeth	Willer	OP DEATH	6	Ble	19	631
5.	SEX	6. COLOR OR RACE T. M.		. DATE OF BIRTH	19.	AGE (In years (If U)		IF UNDER	
	-		OWED DEVORCED			lest birthday) Mon		Hours	Min.
104	. USUAL OCCUPA		Db. KIND OF BUSINESS OR INDUSTR	-27-2675 Y 11. BIRTHPLACE (Ste	te or foreign south	85 yrs.	2. CITIZEN O	CMUATO	COLBUTTO
do	ne during most of w	rorking life, even It retired)		ii. biriii reed jale	is or rollergii coom	1,	z. CHILLIN O	C WILLY	CONTRI
13	FATHER'S NAME	ewife	Keeping house		Carolin		U.S.A		
10.		M		14. MOTHER'S MAIDE					
45		Thomas Johnson			Martha C		_	_	
		YER IN U.S. ARMED FOR CES? (If yesgive wer or dates of service)	16. SOCIAL SECURITY NO. 17. 1	NFORMANT		Address			
	100		Bob	Miller, Ch	esapeake	City, Md			
		DEATH [Enter only one cause	per line for (e), (b), end (c).)				INT	ERVAL BET	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a) G	Propert Oselusies				ON	SET AND D	EATH
	4200		YOURT J. COCTUATION						
	Conditions, it en	1	4.4 1 600						
	gave rise to immed	diete cause	Arterie Selerosi					-	
	(a), stating the	underlying DUE TO							
_	cause lest.) (c)							
Ŏ.	PART II, OTHI	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	AINAL DISEASE CO	MOITION GIVEN IN	PART 1(a) 1	9. WAS A PERFO	UTOPSY RMFD?
CAT							١		NO T
CERTIFICATION	20s. EXTERNAL C PRIMARY ☐ or C		ESCRIBE HOW INJURY OCCURED. (E	nter nature of injury in P	est I or Part II of its	om 18.)			
	CAUSE OF DEATH								
MEDICAL	20c. TIME OF INJ	URY Month, Day, Year 2		CE OF INJURY (Home, fa		r lown)	(County)	č	(Stete)
8	Hour e.m.	la la	While Not While fact	ory, street, office bldg., a	(c.)				
~	p.m.		remains described above, he	ld on Automore 🔲	Inconstinu E	3 1	7		
								in my of	noinic
	death resulted	from: Natural causes	Accident . Suic	ide Homicide	Unde	termined manne	r 📋		
	_	11/1/16	8 -1 - 6	CHIEF MEDICAL	L EXAMINER				
	ACTUAL SIGNATURE/	UKL.De	colator	M.D. ASSISTANT ME	DICAL EXAMINER		D	ATE SIG	NED
	EXAMINER'S				AL EXAMINER		6 21	(-	
		ReC Dodson		Rising.	Sungalde	nty}	9-3H-	O.L.	
221	BURIAL, CREMATI	ON, 226. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY		N (City, lown, or co	unity)	(Slete	i) = =
F	urial	6/16/61	New Freedom	Cometery	New Fr	mohoe	Ponno		
23	FUNERAL DIRECTO		ADDRESS			R 24b. REGISTRA	<u>Penna.</u> R's signatu	IRE	
рт	נים יודרק	THE PERSON	nay h Da Elkto:						
4 -	as sta b J	a ca (land)	147 147 FT TU POS	1, Md. DATEN	1961	(numer)	, / halla		

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MARYLAND STATE DISTARTABLET OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased Livad, If Institution: Residence before edmiss on) Heelth Page a. COUNTY b. COUNTY OCIL a. STATE M Cecil to the funeral director. Page retained for your files. The State Board of Heelth MARYLAND b. CITY OR TOWN (I outside corporete limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town? Elkton Che sapeake City R.F.D.1 d. NAME OF HOSP.TAL OR INSTITUT ON (if not in hospite, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? be retained the the state B Union Hospital YES NO T 3. NAME OF Middle 4. DATE Month Doy Yaar DECEASED Be njamin N Nuble (Type or print) DEATH after pould be executed within 24 hours after de vin pencil in them 18. Give Pages 1, 2, and 3 to Office along with form PM3. Page 5 may be burial-transit permit. File pages 1 and 2 with moval, and in any event within 72 hours after 6. COLOR OR RACE 7. MARRIED SEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR) IF UNDER 24 HRS. last birthday) Months Days Hours DIVORCED WIDOWED [10e. USUAL OCCUPATION (GIVA x nd of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired? Laborer Md. U-S-A-13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EXAMINER: This certificate should be executed within 24 Benjamin Nuble Ed na Washington 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no. or unkown) | (If yes give wer or dates of service) Ed na Nuble . Chesapeak City. Md. 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion フィレル DUE TO B Ar ter iosc lerotic heart dis ea s e Conditions, if any, which "pending" Examiner's geve rise to immediate ceuse 10 DUE TO please execute firs ... ricete, writing the word "pending 4 should be forwarded to the Chief Medical Examine". O FUNERAL DIRECTOR: Page 3 should be used as or its designated agent, prior to burial, cremation, or r (a), sleting the underlying and hypertension PART II. OTHER S.GN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS ALTOPSY CERTIFICATION PERFORMED? NO 2Da. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert I, of Item 18.) PR.MARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY 2Dd. INJURY OCCURRED Month, Day, Year 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Hour a.m. Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection A Inquiry 34 and in my opinion death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER TO RISING Sun. Md. Address (Steel, city, fown, or county) 6-10-61 DEPUTY EKAMINER'S NAME (Typa) R.C.Dod s 228. BURIAL, CREMATION | 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify) 6/14/61 Bohemia Manor Cem. Burial Bohemia Manor, Md. 24a, REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME ec_ 909 Poplar St. DATE JUN 1 6 '61 5M 7/59 Chilhur & Thrains



during most of working life, even if retired)

S. SEX

CERTIFICATION

AL LIEVELLI - DVRIUM	OKE, IO
OF DEATH_	Reg. Dist. No. 06683
	. If institution: Residence before admission) b. COUNTY
. CITY OR TOWN (If outside corporate li	mits, write RURAL and give nearest fawn)
X N D#3	(Ktol U)
J. STREET ADDRESS	e. IS RESIDENCE
	ON A FARM?

		S. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	++1 5	1774,40					YES [№ []
3.	NAME OF DECEASED (Type or print)	Fire f-f-	HARRY	Middle E.	DAtcid=	4. DATE OF DEATI	Mont	h í		Year 1964
s.	SEX	6. COLOR OR RACE	7. MARRIED [] WIDOWED [NEVER MARRIED	8. DATE OF BIRTH	74	9. AGE (In years lost birthdoy)	Months Doys	R IF UND	
0	o. USUAL OCCUPA	TION (Give kind of work of	lone 10b. KIND C	F BUSINESS OR INDU	ISTRY 11. BIRTHPLACE	(State or foreign	country)	12. CITIZEN	OF WHAT	OUNTRY?

OXIMPA. DA

		0 47 000/	1. 17	
13. FATHER'S NAME	14. MC	OTHER'S MAIDEN NAME		
JoHN PATCHELL	<i>t</i> -	1. LA 11/4	1.4 Fin	7-14
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SE (Yes, no, or unknown) y (if yes, give wor sor doten of service)	CURITY NO. INFORMAL	NT	- Ad	ddress ·
UNKBEGII	Mrs.	Nellie Pata	chell E	1kton

200			222 - 4 81 - 12 - 4	1 -1 - 0	White and the second second	THE RESERVE
	18. CAUSE OF DEATH [Enter only one o	ause per line for (o), (b), and (c).]				RVAL BETWEEN
	PART I. DEATH WAS CAUSED BY. MMEDIATE CAUSE (DEMA OF	LUNGS & VI	SCERA	ONS	ET AND DEATH
	420 DUE TO	o				
	Conditions, if any, which	b) x - 2 2 x y	REE PL	16 K1 1/2		SOYEAL
	gave rise to immediate DUE TO	5				
	lying couse lost,	a ctillah	3. Jufell		. ,	- d , 1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PROBLET 17C

MAT (D)	PERFOR	MED?
	YES 🔲	NO 🔯

(Stote)

(Stote)

(County)

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 1B.)

(IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED foctory, street, office bldg . etc. Hour o.m. While Not while

MEDICAL 196 Ahat I last saw the deceased 21. I certify that I attended the deceased from re.

alive on		19_1/, and that dec	ath accurred at ${\mathbb Z}^{p}$	_M, from the causes and an t	he date stated abave.
	1 2 2 1	X /		ADDRESS (Street, city ar tawn, state)	DATE SIGNED
ACTUAL SIGNATUR	e X Marial	s - word	MD 20/	CIPINA	

PHYSICIAN'S NAME (Type)

220. BUR AL, CREMATION, 22b DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Hill Cemetery Cherry

at wark 🔲 at work

Cherry Hill, Md. **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

23. FUNERAL/DIRECTOR'S SIGNATURE Elkton. Just S. Kraus DATE

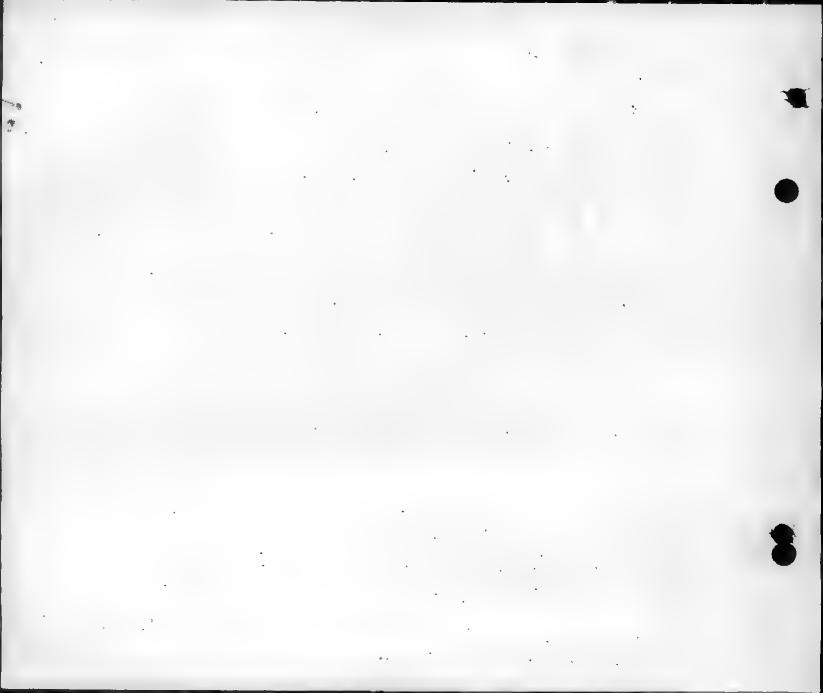
Fille letely fille s. Poges complet papers. eath pllysician and c emove carbon p ? haurs after dea ottending p 70. Then the ĝ ir attend ng physician. certificate has been sigmed e as the burial-transit permi Ь may be retoined

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page 3 shauld be de
the registror prior to

removal,

VS A15 (4) 1SM 9/58



MARYLAND STATE DEPARTMENT OF HEALTH D

VISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STRE	ET, BALTIMORE 1, MARYLAND
6700	CERTIFICATE OF DEATH	06684

6700	CERTIFICATI	OF DEATH		06684 _					
1. PLACE OF DEATH				stitutioni Residence before admission)					
Cecil	MARYLAND	e. STATE Vir	ginia b. COUNT	Y					
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16		f outside corporete limits, write	RURAL end give nearest town)					
Perry Point	8 days	Arl	lington	2 - ×					
d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospital, g va streat address)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?					
Veterans Administration	Hospital	3905 N. H	ershing Drive						
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Dey Yeer					
(Type or print) TRUBY	A.	POWELL	DEATH June	2 7 ₁₉ 61					
5. SEX 6. COLOR OR RACE 7. MAR	RRIED NEVER MARRIED 8	DATE OF BIRTH	4 (11/4)	FUNDER 1 YEAR IF UNDER 24 HRS.					
	WED DIVORCED	5-3-97	last birthday) 64 yrs.	Months Deys Hours Men.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Coun	ty & Stele, or foreign country)	12. CITIZEN OF WHAT COUNTRY					
	U.S.Government	Missouri		USA					
13. FATHER'S NAME		14. MOTHER'S MAIDEN							
Benjamin Truby (d	eceased)	Martha Nu	Fall (deceas	ed)					
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.1 17. 1		Address						
(Yas, no, or unkown) (Ilyesgive werordatesofservice) Yes WW-I N	ot available H	ospital Rec	ords. VAH. Pe	rry Point, Md.					
18. CAUSE OF DEATH [Enter only one ceuse p	er line for (e), (b), end (c).)		,,	INTERVAL BETWEEN ONSET AND DEATH					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ncephalomalacia	of cerebra	l cortex.	Approx.1 mo					
Conditions, if eny, which (b) A	rteriosclerosis	of the int	ernal carotid	unknown					
geve rise to immediate cause (a), stelling the underlying DUF TO artery, bilateral, severe									
ceuse less. (c)	•								
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(+) 19. WAS AUTOPSY PERFORMED?					
Arteriosclerosis, generalized, severe									
206 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert (I of Itam 18.) OR CONTRIBUTING CAUSE OF DEATH									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
3 2Dc. TIME OF INJURY Month, Day, Year 26		CE OF INJURY (Home, fern		(County) (Siete)					
	hile Not While factors work at work	ory, street, office bldg., etc.	" i						
21. I certify that xik kink contains attended the deceased from June 19, 1961, to June27, 1961 xik									

22a. SIGNATURE	22a. SIGNATURE 22b. DATE								
G.1. W.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. ATTENDING DIRECTOR PHYS. ATTENDING DIRECTOR DIRECTO								
22c. PHYSICIAN'S	100	22d. ADDRESS	-						
NAME (Type) A. L. MOONEY	Asst.Clinical	Pathologist	, VAH, Perry	Point, Md.					
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, tow	n or county) (Siela)					
REMOVAL (Specify) Bluede 6-33-61	unknown k	BLHUT GROVE	Boonville,	Missouri					
24 FUNERAL DIRECTOR'S SIGNATURE	TAROPESS /		'D BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE					
Tyes Funeral Home. An	lington, Virgi:	nia DATES	N 2 9 '61 C	Lug & Hours					

TO HOSPITAL

Second Complete State of Health prior to burial, remarking the death certificate be ruled within 24 from the sets of the hospital or attending physician.

Second Completely filled in by the funeral sets been signed by the attending physician and completely filled in by the funeral sets of funeral sets of funeral sets of the funeral sets of funeral sets of the funeral sets of funeral sets of the funeral sets of fun



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6701 CERTIFICATE OF DEATH Reg. Dist. N 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) D. STATE **b.** COUNTY MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO 12 EVINE Middle DATE Lost Month Year Day **OF** DEATH 2 19/ LINE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Haurs DIVORCED [7] WIDOWED 173 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (State or foreign country) Chanic 14. MOTHER'S MAIDEN NAME UNKNOWN 17. INFORMANT 16. SOCIAL SECURITY NO. Address INTERVAL BETWEEN ONSET AND DEATH 40249 IMMEDIATE CAUSE to DUE TO LCV0515 Generalli DUE TO

d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION NAME OF DECEASED (Type or print) 5. SEX 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 13. FATHER'S NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 0 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Conditions, if any, which gove rise to immediate cosse (a), stating the underlying couse last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(01/19) WAS AUTOPSY PERFORMED? YES IT NO 🗷 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month, Doy, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour o. m. While Not while of work at work p. m. . S. ... 19 ⊆ (.that I last saw the deceased 21. I certify that I attended the deceased fram and that death occurred at 7.50 AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) SERIOUS CREMATION, 276. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) 30-6 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE **ADDRESS** 240. REC'D'BY REGISTRAR Colling S. Frank ARYLOND DATETIT 161

Pages Δ. ony prior should FUNER, poge 0

ed.

PLACE OF DEATH

a. COUNTY

VS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6702 **CERTIFICATE OF DEATH** Reg. Dist. No with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. STATDelaware filed o. COUNTY **b. COUNTY** New Castle MARYLAND Ceci] 70 b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ě Port Penn shauld Months Elkton d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION 22 ON A FARM? E. 24 Main Street pup ,6 NAME OF Middle Lost 4. DATE Month Day Year DECEASED 1961 Joseph G. Roemer June DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Male White Months Davs WIDOWED TY DIVORCED | 1874 yrs. papers. 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired)
Retired Farmer U.S.A. Farming Delaware puo carban ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown Maye hours 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address 2 Joseph Roemer, Jr., Port Penn, Del. aftending 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DÉATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Will. **DUE TO** ۵ permit. Conditions, if any, which 200 gave rise to immediate DUE TO couse (o), stating the underpuo lying couse lost. burial-transit CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19 WAS AUTOPSY PERFORMED? YES I NO IT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) certificate 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Hour a. n. While Not while of works D. m ol work 🗀 1060 100 Une 25 . 19 6) that I last saw the deceased 21. I certify that I attended the deceased from Man and that death occurred at 6:10 A alive on _M, from the causes and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNED 9 ACTUAL SIGNATURE prior should PHYSICIAN'S he registror FUNERAL NAME (Type m 220. BURIAL, CREMATION, 22b, DATE THEREO 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page REMOVAL (Specify) Burla

Drawver's Cemetery

Home.

Elkton.

Md.

DATE

Odessa

24a, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

arthur S. France

01a

Funl

Pippin

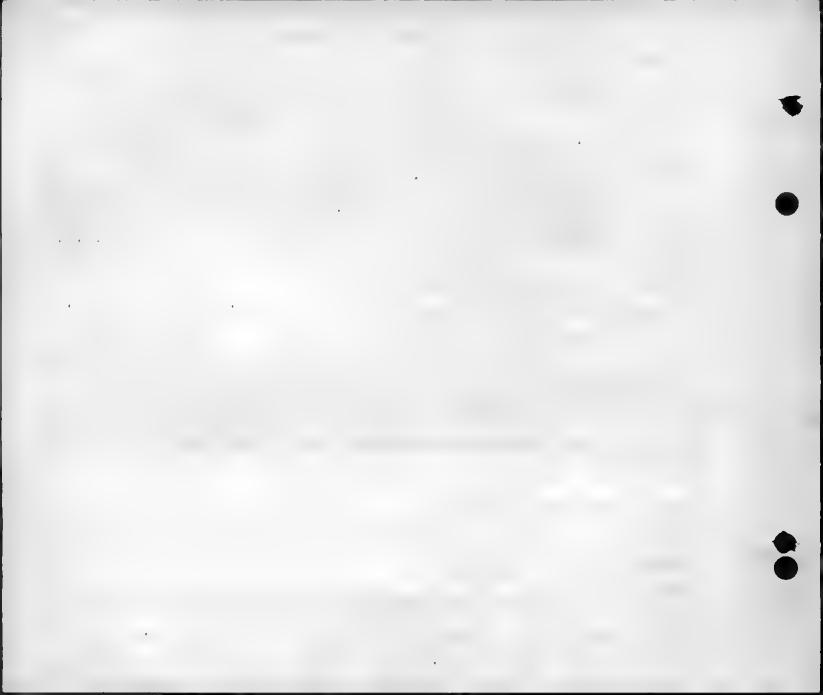
9 VS A15 (4) 15M 9/55

23. FUNERAL DIRECTOR'S

Donald

EKSNATURE

Gee



Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3 5/23/6 1. PLACE OF DEATH 2. USUAL BESIDENCE (Where deceased lived, If institution; Residence before edmission) it is necessary, il director. Page for your files. . COUNTY e. STATE **b.** COUNTY Cacil MARYLAND Md. Cacili h. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) funeral dire. write RURAL and give negrest town) North East
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street eddress) North East d. STREET ADDRESS . IS RESIDENCE ON A FARM? retained he State B Beach Ste YES NO NAME OF 4. DATE Month to the DECEASED OF # # P 19 61 Wyeming Shalleross 6 (Type or print) Joseph DEATH es 1, 2, and 3 to Page 5 may be s 1 and 2 with n 72 hours afte 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR I IF UNDER 24 HRS. last birthday) 55 yrs. Months Days Hours Mln. WIDOWED [THE STATE OF THE 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Clerk Railroad USALE Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Deal Shallicress Mary Ellen Bartley File overt I in Item 18. Given ong with form Form File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown)) (Ifyasgivawarordatesofservice) Almetia Shalleross, North East, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN r's Office along v is a burial-transit p removel, and in ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Perforating wound of the head IMMEDIATE CAUSE (+)_ pencil " in pen Office DUE TO Conditions, if eny, which (6) paye rise to immediate cause Examiner's DUF TO (a), stating the underlying 10 pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY *Certificate, writing the word " arded to the Chief Medical Ex LEGIC : Page 3 should be u agent, prior to burial, crematic PERFORMED? 2 NO 4 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARTE | or CONTRIBUTING | Shot self with a revolver in the head. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or fown) 20c. TIME OF INJURY Month, Day, Year (County) (Stata) factory, street, office bldg., etc.) While Not While at work 🔃 at work 🕞 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection |-Inquiry 👆 and in my opinion be forwarded to Suicide 🛨 Undetermined manner death resulted from Natural causes Accident Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) R.C.Dodson should 226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) <u>a</u>.4 ₫ ġ 23. FUNERAL DIRECTOR 246. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE YS. A15ME DATE JUN 1 4 '61 Cirching S. Kraus 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admiss on) FAITH DEPT. 1. PLACE OF DEATH COUNTY Page b. COUNTY 195 Maryland Harford Cecil MARYLAND b, CITY OR TOWN (if outside corporate limits. c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. write RURAL and give neerest town) your 7yrs. 2mo. 18days Perry Point Bel Air Board jo d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RES DENCE ON A FARM? retained he State B 369 Catherine YES NOTE Veterans Administration Hospital 3. NAME OF First 4. DATE Month to the DECEASED the (Type or print) WALTER DEATH SLOAN June 1961 s1, 2, and 3 to age 5 may be 1 and 2 with t 72 house afte 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH last birthday) Months: Days Male White WIDOWED DIVORCED 10-14-89 IDE. USUAL OCCUPATION (G ve kind of work 106. KIND OF BUSINESS OR INDUSTRY; 11. B RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working I fe, even if retired) USA Give Pages Maryland pages | within Operator
13. FATHER'S NAME Elevator PM3. 14. MOTHER'S MAIDEN NAME Ellen Johnston (deceased) John L. Sloan (deceased 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (Ifyesgive werordetes of service) permi with Hospital Records, VAH, Perry Point, Md. WW-INot available 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b., and (c).] INTERVAL BETWEEN ansit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bronchopneumonia, bilateral, unresolved. IMMEDIATE CAUSE (e) 3-4 days II() burial-fi Office DUE TO Conditions, if eny, which 2. Arteriosclerotic heart disease. (b) Unknown... gave rise to immediate cause. 10 (10 DUE TO (e), stetling the underlying cause last. should be used PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 3. Arteriosclerosis, generalized.

20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. the Chief A the Chief A R: Page 3 st ZDe. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm. 20f. (City or fawn) (County) fectory, street, office bldg., etc.) While Not While Hour e.m. forwarded to the value of DIRECTOR: Pa et work et work 21. I certify that I took charge of the remains described above, held an Autopsy 🙀 Inspection 3 Inquiry 30 and in my opinion Natural causes V death resulted from Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED ease execute should be for FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S Address (Street, c ty. town, or county) Rising Sun, Md. NAME (Type) DODSON 226. BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Specify) Baltimore National Baltimore, Maryland O 40 6 0 ADDRESS 246. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE VS. A15ME DATE JUL 5 Havrelde Grade '61 5M 7/59

811. 118

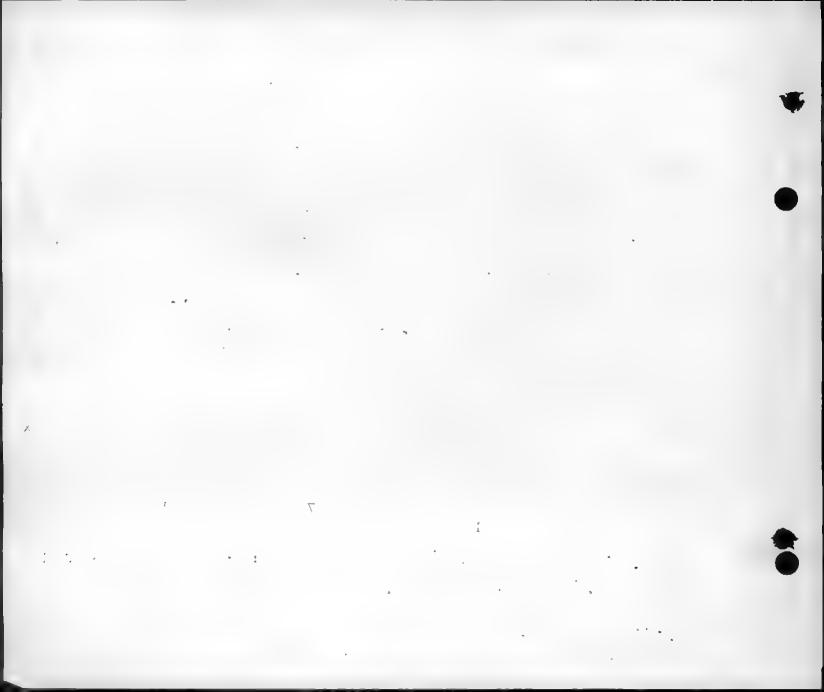
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	6705		CERTI	FICA'	TE OF DEA	ATH		teg. Dist. No	06689
1, PLACE OF DEATH o. COUNTY			_		2. USUAL RESIDENC	E (Where deceases	lived. If institution	Residence befo	ere admission)
- On	cil		MARY	LAND		vland	V. COUNTY	Cecil	
b. CITY OR TOWN : RURAL and give r	(If outside corporate limi	ts, write c	LENGTH OF STAY	IN 1b	c CITY OR TOWN	V (If outside corpo	rote limits, write RUR	AL and give ne	arest tawn)
Elkto			8 years	3	Elkto	n .Devi	ne Haver	Nurs	ng Hom
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street oddr	ess)		d STREET ADDRE	:55	-		e. IS RESIDENCE ON A FARM?
Unio	n Hospita	1			224 E.	Main S	treet		YES NO
3. NAME OF DECEASED	Fir	st	Middle		Last	4. DATE OF	Month	De	y Year
(Type ar print)	Martha	·	Belle	, c	Stewart	DEATH	June	10	1961
5 SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIE		DATE OF BIRTH		9 AGE (In years III	Aonths Days	IF UNDER 24 HR
Female	White	WIDOWED [1877	83 yrs.		
during most of wo	ON (Give kind of work in rking life, even if retired	dane 10b, KINI I	O OF BUSINESS O	R INDUSTE			ountry)		F WHAT COUNTR
Housewi	re				Mary			U. S	5. A.
13. FATHER'S NAME					14. MOTHER'S MAII	DEN NAME			
	liam A. S			_					,
(Yas, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dates of s		IAL SECURITY NO.	. INF	ORMANT		Addres	Elk	tton, Md
No	<u> </u>				rine Hav	<u>en Nurs</u>	ing Home	recor	
1 1	ATH [Enter only one co			' .				INT	ERVAL BETWEEN SET, AND DEATH
FARIT. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	ACU	te cerebi	a I	vascular	hemio		4	days
4	3 X DUE TO	Arter	osclerot	ide by	mertencis		vascular	dicesca	unknown
Conditions, if a			108010101	10 11	her censi	ve calulo	, Agacatat	aredse	OUKHOWH
couse (o), stating	the under: DUE TO								
lying couse lost,	, 10	01710115 501	rounith to to of a	TH OUT I	OT 851 1700 TO THE	Travelle Alerte	f coult was a little		IO WAS AUTORS
CATIC	HER SIGNIFICANT CON	DITIONS CON	IKIBUTING TO DEA	NH ROLM	OT RECATED TO THE	FERMINAL DISEAS	E CONDITION GIVEN	IN PART I(0)	PERFORMED?
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206 DESCRIBI	E HOW INJURY OF	CCURRED	(Enter nature of inju	ry in Port I or Por	t It of stem 18.)		
	RY Month, Day, Ye		Y OCCURRED	20e PLAC	E OF INJURY (Home	, farm, 20f. (City	or fown)	(County)	(Stat
Hour c.m.	19	While of wark	Not while of work	1000	ry, street, office bldg	j., erc.j			
21 L certify t	hat I attended the	deceased	May	6)	195 7	June 1		at I last so	w the decease
	une 9	19 61		death o	ccurred at2	30a, fram	the causes and		
	Don)	acam e	ccorred of		treet, city or town, st		DATE SIGNI
ACTUAL SIGNATURE	Mylyn	when	nd ft	м.	233 E.	Main St	reet		6/10/61
PHYSICIAN'S NAME (Type)	S. Ralph	Andrew	, Jr.,	M.D.		Elkto	n, Maryl	and	
22a. BURIAL, CREMATIC	ON, 22b. DATE THEREC)F 22	c. NAME OF CEME	TERY OR	CREMATORY	22d LOCA	TION (City, town, ar	coufity)	(State)
REMOVAL (Specify Durial	6/13/6	S	harps o	emet	erv	Cec	il Count	y. Mar	yland
22 FUNE AL DIRECTOR	'S SIGNATURE	7					- 1		The second secon
	(/) / - //		ADDRESS' kton, M			REC'D BY REGIST	RAR 24b. REGISTI	RAR'S SIGNATU	RE

TO HOSPITAL and you will be law requires that the control of after this certificate has been signed by the attending physician and campletely filled in by the funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, poge 3 should be detached for use as the burial transit permit. Then please remove corbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, or remanal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/5B



6706 CERTIFICATE OF DEATH

executed within 24 hours after death.

requires that the death certificate be

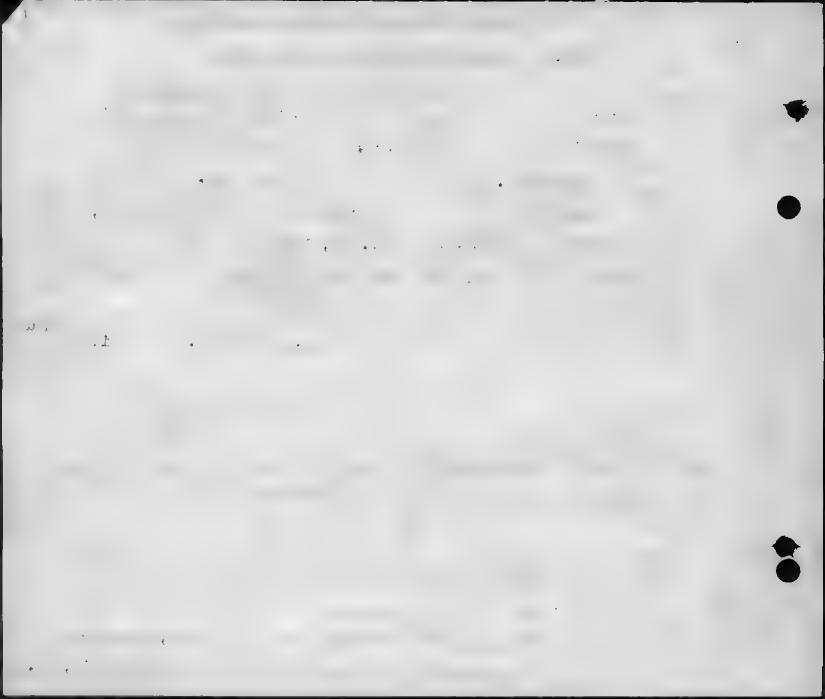
the registrar within 72 hours after death. They this in by the funeral director, the third opposed this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be delached for use as a burial transit permit.

ATTENDING PIN SICIAN OR HOSPITAL: The law requires that The bottom copy may be retained by the hospital or attending physician.

06590 Reg. Dist. No....

	1, PLACE OF DEATH	2, USUAL RESIDENCE (HOME) OF DECEASED
	COUNTY COCIL MARYLAND	STATE Maryland COUNTY Cocil
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (It outside corporate fimits, write RURAL and give nearest town)
	OR and give nearest town Town Perry 111e 5&1/2 Yrs.	X OR Perryville
d	HOSPITAL OR	STREET (fil rure) give location)
١	INSTITUTION OR STREET ADDRESS AIKIN AVE.	ADDRESS Aikin Ave.
ı	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
	(Type or Print) Charlies St	suchlik OF DEATH June 12, 1961
ı	S. SEX 6. COLOR OR 7, SINGLE, MARRIED, 8, DATE O	F BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
ı	Male White SpecWidewed Nev.	. 28, 1876 84 yrs. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	relired) Farmer Self Employed	Czechoslovaka Chara
N	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Unknown	Unknown
	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS POTTYVILLO
ı	(Yas, no, or unk.) (If Yas, give wer or detas of service) 222-24-1179	Mrs. Anthony P. Lombards.
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATHY	INTERVAL BETWEEN ONSET AND DEATH
ı	IDD V IMMEDIATE CAUSE (A) (AZCINO)	ma of Probable - 3200s
ı	ANTECEDENT CAUSEIS) DUE TO	
ı	DISEASES OR CONDITIONS, IF ANY, (8)	V
	STATING UNDERLYING CAUSE LAST. DUE TO	
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	0
ı	TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH	selection -
ı	198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1		YES NO
	21a. ACCIDENT WAS UNDERLYING ZIb. PLACE (Homa, Jarm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., atc.)	Elc. WHERE DID INJURY OCCUR? (City or town) (County) (State)
ı	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED White Mr. Or shile at work.	2H. HOW DID NJURY OCCUR?
	22. I hereby certify that I attended the deceased from	196 to XIIIC / Z_ 19 0 / , that I last saw the deceased
	alive on WANLY 199 and that death occurred at	
	SIGNATURE	ADDRESS (Street, pily, town, state) DATE SIGNED
	Carence LATENSON M.O.	toxX OSN-QUE - 6/13/61
	23, BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)	CREMATORY LOCATION (City, town, or county) (State)
	Burial June 15,1961 Odd Fell	ows Cemetery Milton, Delaward
	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	20. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	JUN 15 '61 Cothur ! He	VILA GATTONAMISSON PORTERVELLE. Md.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6703 **CERTIFICATE OF DEATH** Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY **6 COUNTY** MARYLAND CITY OR TOWN (If outside carporote limits, write c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give negrest town) 151 n 9 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE 670 OR INSTITUTION ON A FARM? NURS NOW YE YES NO 7 NAME OF First Middle Last 4. DATE Month Doy Year DECEASED OF DEATH Maknek (Type or print) 19 (5 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Manths Days Hours Min. DIVORCED [WIDOWED T yrs. 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Factor 77 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME ğ remove 72 hours IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMAN 18. CAUSE OF DEATH [Enter only one couse per line for (a) (b), and (c)." INTERVAL BETWEEN ONSET ANDADEATH ₻ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO I 2003. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of Item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day. Year 20d. INJURY OCCURRED (County) (Stote) factory, street, affice bldg., etc.) Hour a. n. While Not while at work at work p. m. 21. I certify that I attended the deceased from that I last saw the deceased alive on and that death accurred at M, from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED **ACTUAL** SIGNATURE ploods PHYSICIAN'S S NAME (Type) 220. BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Slate) REMOVAL (Specify) method UPTA FAWNURAUE YOR R.COUNTY **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE JUN 2 6 '61 world Circling S. Kinna 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6709

b. CITY OR TOWN (If outside corporate limits, write

d. NAME OF HOSPITAL (If not in hospital, give street oddress)

6. COLOR OR RACE

Negro

Union Hospital

First

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PLACE OF DEATH

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OR INSTITUTION

Frmale

RURAL and give negrest town) Elkton

(Type or print) Mildrad

o. COUNTY

3. NAME OF

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DECEASED

CERTIFICATE OF DEATH WE

MARYLAND

c. LENGTH OF STAY IN 16

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7. MARRIED NEVER MARRIED

10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)

o. STATE

Maryland

Cecilton

d. STREET ADDRESS

Lost

Feb 23,1905

Waters

8. DATE OF BIRTH

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neg.	DIST.	MO'!	Th.	0	М.	3

Day

IF UNDER LYEAR IF LINDER 24 HRS.

Hours

12. CITIZEN OF WHAT COUNTRY?

73

Days

e. IS RESIDENCE ON A FARM?

YES NO P

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1961

Min.

2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)

c. CITY OR TOWN (If aviside corporate limits, write RURAL and give nearest town)

9. AGE (In years lost birthday)

- Rural

4. DATE

OF DEATH

b. COUNTY

Cecil

Month

yrs.

Juna

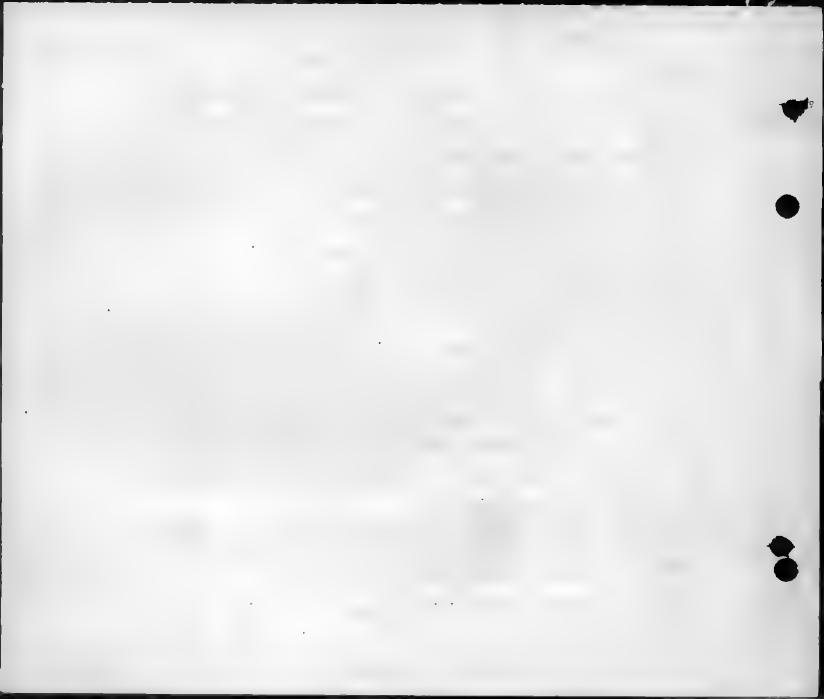
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TO BESTAL OR ATTENDING BYSICIAN. The fam requires that the death certificate be elecated within 24 hours ofter death. Page 4		After this certificate has been signed by the ottending physician and comp. filled in by the factor,	page 3 should be detached for use as the buriot-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with	
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TO FUNERAL | page 3 shoul

VS A15 (4) 15M 9/55

1.07	Remile					- UeCil	ton.	Md.		USA	
13. FATHER	S NAME				14.	MOTHER'S	MAIDEN N	AME			
John	n Brisco	De				Ida E	rown				
15. WAS DE		N. U. S. ARMED FORCE		OCIAL SECURITY NO	. 17. INFOR	MANT			Address		
[145, 70, 01 (11	insown) (if	yet, give wor or cold in leve	U:	nknown	c	lifton	wate	rs	Cecilto	n,Md.	
18. CA	USE OF DEATH	[Enter only one cou	a per line	for (o), (b), and (c).]					INT	RVAL BETWEEN
	PART I. DEATH	I WAS CAUSED BY: MMEDIATE CAUSE (6)_	C	erebro-V	scular	accide	nt			ONS	THE T
	1.16X	DUE TO									
	litions, if any		Ur	emia							ODO TORY
	rise to ima										
	couse lost.	(c)_	Rei	lura of 1	oft kid	nov					-000- 4003
I¥I		R SIGNIFICANT CONDI	-						DITION GIVEN IN	PART 1(a) 1	PERFORMED?
Pro		The of rem									YES NO.
ਹੈ (IF EITH	NTRIBUTING E	UNDERLYING [] 2 CAUSE OF DEATH EDICAL EXAMINER)	Ob. DESCI	RIŠE HOW INJURY O	CCURRED. (En	ter nature at	injury in P	art I or Part II at	item 18)		
	laur o.m.	Month, Day, Year	While	TURY OCCURRED	20e. PLACE C factory,	F INJURY (H street, affice	ome, form, bldg., etc.)	20f. (City or to	vn)	(County)	(State)
	p. m.		ot work			/-					
		t_l attended the d									
alive	an_{1}	กแนล	, 19	and that	death occ	urred at:					
ACTUA	· lia	n flaid		110	4.			LDDRESS (Street, c	ily or town, state)		DATE SIGNE
SIGNAT	TURE /1/0	noce	047	MALL BAL	<u> </u>						<u> 13 June C</u>
PHYSIC	JAN'S	-11-0- 03	-1	W.D			1.7.1	177			
NAME		allace Ober	A			<u>دەمى</u>	·*·····				
REMON	CAL (Specify)	6/17/61		Bohami	-				City, town, or cou ia Mano		(State)
		1 7 1 1 7		ADORESS	a man						
43. FUNERA	L DIRECTOR'S	DY7)	1,7	_				BY REGISTRAR	24b. REGISTRAR'	S SIGNATUI	.e
1	40.17	1/1/1-	٠ ﴿. ِ	909 P	ортаг	ಾರ್.	DATEUN	1 9 '61	Chillian	8 H.	



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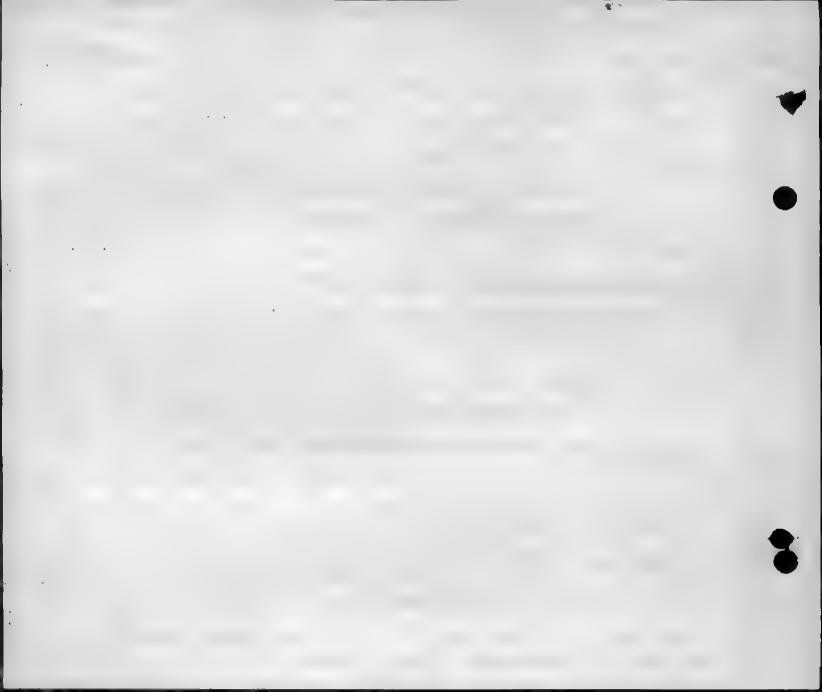
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MARYLAND STATE DEPARTMENT OF HEALTH

of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINED'S CEDITICATE OF DEALTH. Division MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05694

Ē		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission)	•						
4		Cecil MARYLAND	a. STATE b. COUNTY							
		b. CITY OR TOWN (if outside corporate l.mits, write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)							
		71 kton DOA	Y Chesaperke, R. J. 1							
٠.		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS o. IS RESIDENCE							
Α,		Union Tospital of Seril Jounty	ON A FARM?							
9	3.	NAME OF First Middle DECEASED	Last 4. DATE Month Day Year	1						
		(Type or print) Addie Thizabeth	h Tebb DEATH June 20 19 61							
	5.		D. DATE OF BIRTH 9. AGE (In your IF UNDER 1 YEAR IF UNDER 24 HRS.							
		CARRED WIDOWED DIVORCED	July 8, 1925 String Months Days Hours Min.							
	10a	. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTR	TY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	ī						
	- 20	ne during most of working life, even if retired)	Maryland H. C.							
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
1		Thomas Gamett	Susie Fraxton							
J	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, 1	INFORMANT Address							
	(10	s, no, or unkown) [ffyesglvawarordatesofaervice]	Pamond H. Vebb							
		18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).)	I INTERVAL BETWEEN							
		PART I. DEATH WAS CAUSED BY: UMMEDIATE CAUSE (6) ACUTE CONTROLLS CO	cultain 10 mily 1.	J						
	Н	4201 OUE TO								
		Conditions, if any, which \ (b) Evpertention								
		gave rise to Immediate cause								
		(e), stating the undarlying DUE TO								
i	ξ		OF RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY							
h	ĔΥ		PERFORMED? YES NO W							
	CERTIFICATION		Enter nature of Injury in Pert I or Part II of stam 18.)							
	8	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.								
	3		CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)							
	WEDICAL	Hour e.m. While Not While feet	lory, street, office bldg., etc.)							
		21. I certify that I look charge of the remains described above, he	ald an Autopsy , Inspection F. Inquiry X, and in my opinion							
		death resulted from Natural causes [2]. Accident [7]. Suici	ide . Homicide . Undetermined manner							
		11 0 10 10 10 10	CHIEF MEDICAL EXAMINER							
		ACTUAL // LMY CERCET	ASSISTANT MEDICAL EXAMINER DATE SIGNED							
		SIGNATURE /	DEPUTY MEDICAL EXAMINER 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	04						
		NAME (Typa) Loputy Ledical Truther	Address (Street, city, towh, or county)	71.						
	22=	BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OF	CREMATORY 22d. LOCATION (City, lown, or country) (State)							
		Burial 6/24/61 Bohemia Mar	nor Cem. Bohemia Manor, Ad.							
	23.	FUNERAL DIRECTOR ADDRESS	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE							
	Jan 188	Jack 1909 Poplar S	St. DATE JUN 23 '61 curing & there							
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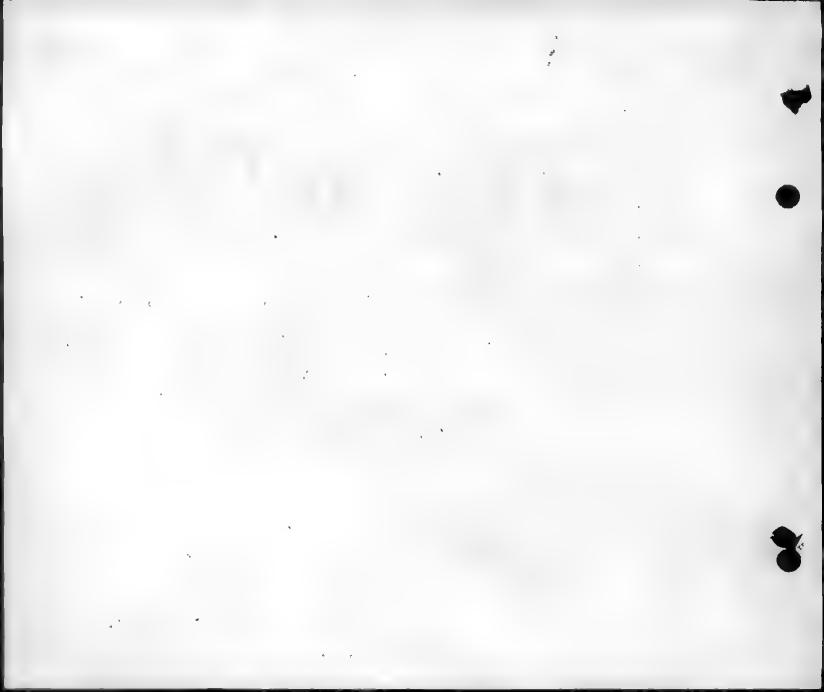
Perryville,Md.

VS A1S (4)

24g, REC'D BY REGISTRAR

DATE HIN 7 '61

24b REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

REMOVAL (Specify)

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 6713

06697

23d. LOCATION (City, town or county)

250, REC'D BY REGISTRAR | 256, REGISTRAR'S SIGNATURE

'61

DATEJUL 5

Cherry Hill, Maryland

wilms S. Kraus

1. PLACE OF DEATH a. COUNTY					ititution: Rasidance bafora admission)
6. COOM (Cecil	MARYLAND	a. STATE Mar	yland b. COUNTY	Cecil
b. CITY OR TOWN (if write RURAL and Perry Po	outsida corporata limits, giva naarast town)	c. LENGTH OF STAY IN 15 2 mo. 11 day	1	(If outside corporate limits, write R	URAL and give nearest lown]
		in hospital, give street address)	d. STREET ADDRESS		IS RESIDENCE
	dministrati	on Hospital	/ R.I	· #5_	YES NO
3. NAME OF DECEASED (Type or print)	First	Middle (NMI)	YOCUM	4. DATE Month OF DEATH June	Day Year 29 1961
5. SEX	6. COLOR OR RACE 7.		DATE OF BIRTH	9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS.
Male		IDOWED DIVORCED	7-18-79	81 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATI	ON (Give kind of work rking life, even if retired)	106. KIND OF BUSINESS OR INDUSTR	Y 11, BIRTHPLACE (Cou	unty & Stata, or foraign country)	12. CITIZEN OF WHAT COUNTRY?
Box Mak	er	Factory	Maryland		USA
13. FATHER'S NAME			14. MOTHER'S MAIDER	NAME	
J	oseph T. Yo	cum (deceased)	Catherine	Spence (dece	ased)
	ER IN U.S. ARMED FORCES		NFORMANT	Address	
	S. A. W.		spital Reco	ords, VAH, Perr	v Point, Md.
		se per line for (a), (b), and (c).]	7200		INTERVAL BETWEEN
	WAS CAUSED BY	eneralized abdom	inal carcir	ometaete	unknown
1011		eneralized abdom	THOT OUT OTY	10111010011	OCCUPANT AND
154X	DUE TO				
Conditions, if any		arcinoma of the	rectum		unknown
(a), stating the un	PULL TO				
cause last.	(c)_				
PART II. OTHER	SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	IINAL DISEASE CONDITION GIVE	19. WAS AUTOPSY PERFORMED?
PART II. OTHER 200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURED), (Entar nature of injury fi	n Part I or Part II of Itam 18.)	
20c. TIME OF INJUI	RY Month, Day, Yaar		ACE OF INJURY (Home, fa tory, street, office bldg., a		(County) (Stata)
	hat OKX MAKE X MAKEN	attended the deceased from.	April 18	161., 10June29	, 196. Lotococcicio concidas
XXXXXXXXXXXX	MXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX Tand that	death occured 6.	.30/amfrom the causes a	nd on the date stated above
22a. SIGNATURE					22b, DATE SIGNED
	Co. 1. M.	NO J	ATTENDING PHYS.	MED. STAFF PHYS.	6-29-61
22c. PHYSICIAN'S	C. V. 1100		22d. ADDRESS		
NAME (Typa)	A. T. MOON	EY. Asst. Clinic	al Patholos	rist. V. A. Hosni	tal Perry Point

23c. NAME OF CEMETERY OR CREMATORY Cherry Hill

Grace. Md.

ADDRESS

Havre de

TO HOSPITA A STENDING PHYSICIAN: The law requires that the death certificate recuted winning the aleasth. Page Ly 2 retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, germation, or removal, and in any event within 72 hours after death.

VR A15 (4) 15M 9/60

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